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MONTHLY PROGRESS REPORT ★ SECTION 7

HEALTH

31 DECEMBER 1945

26

ARMY SERVICE FORCES ★ WAR DEPARTMENT

HEALTH

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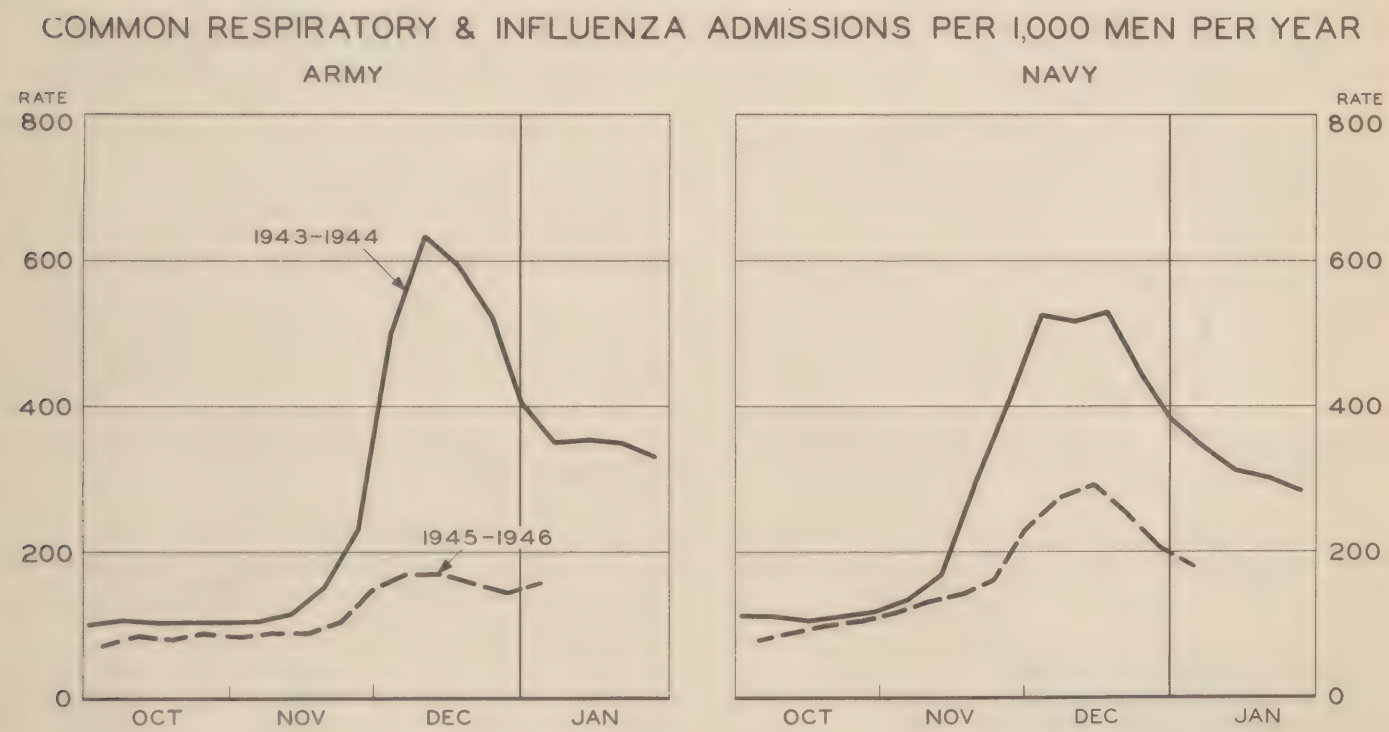
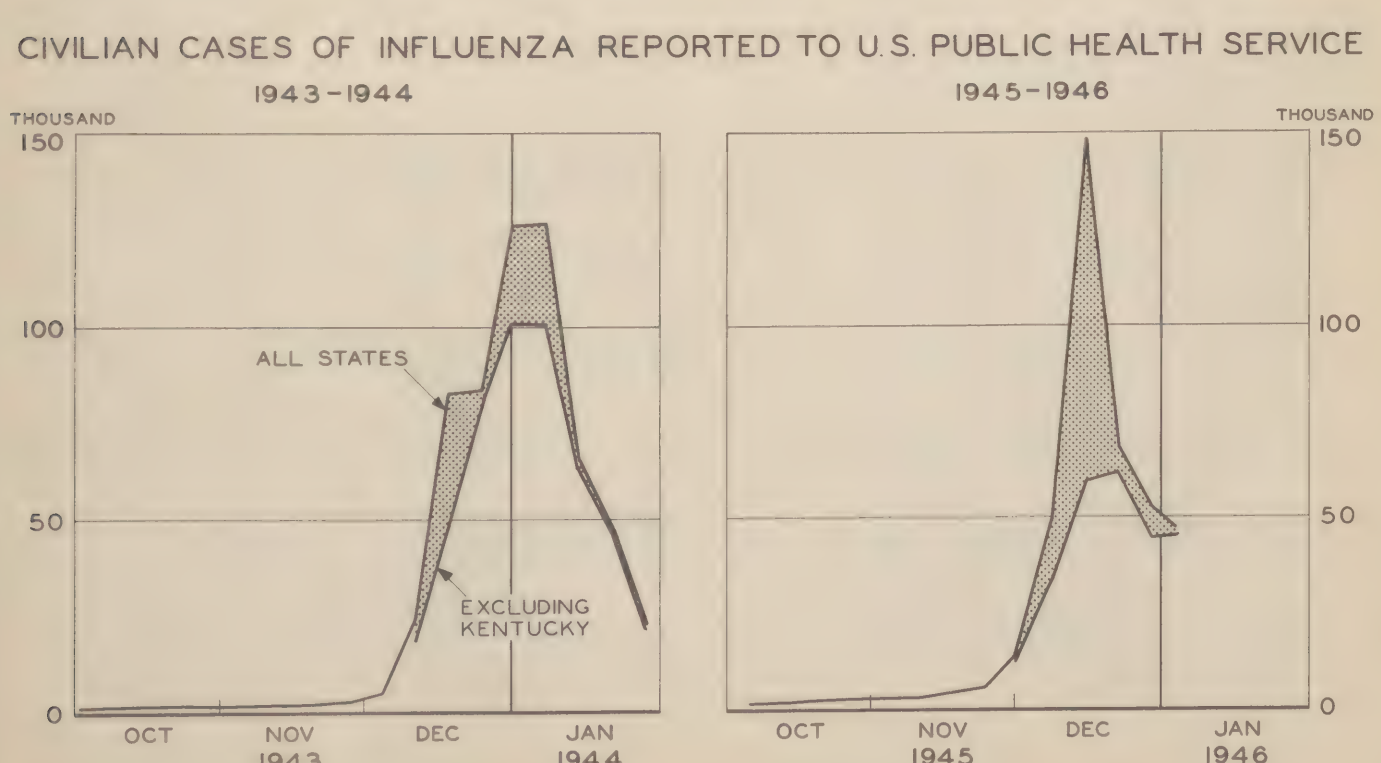
MPR:7

CONTENTS

RESPIRATORY DISEASE IN THE UNITED STATES

The reported incidence of respiratory disease among Army, Navy, and civilian personnel indicates that the widespread influenza B epidemic, which was briefly mentioned in the last issue of HEALTH, attained its moderate peak in the second week of December. The Army rate for common respiratory disease and influenza reached 170 per thousand men per year during the week ending 14 December, declined to 156 and 143 in the two subsequent weeks, and rose somewhat to 156 during the week ending 4 January. Similarly, the incidence of catarrhal fever and influenza among Navy personnel in the Z/I reached a high point of 294 during the week ending 15 December and fell to 256 and 203 in succeeding weeks, but declined even further to 179 in the week ending 5 January. Both Army and Navy rates for the peak periods last month may be artifically low because of unreported morbidity among men on furlough. The limited investigation of this hypothesis permitted by the small amount of information available,



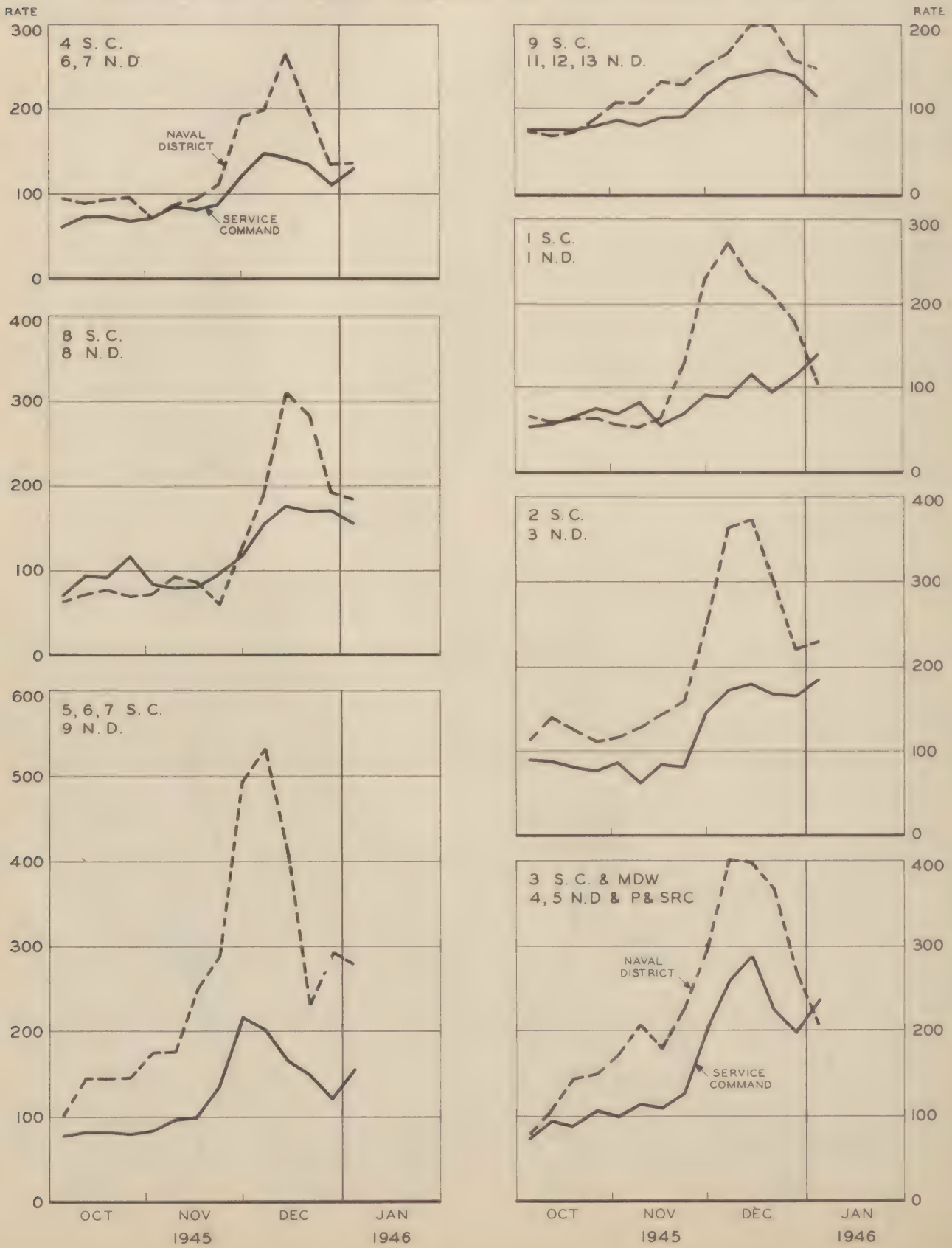


RESPIRATORY DISEASE IN THE UNITED STATES (Continued)

however, does not suggest that it was a crucial factor as early as the end of November and the first half of December when the epidemic was rising to its peak. During the holiday season, however, it is believed that very large numbers of men were on furlough. At that time they were included in the strength upon which rates are based, but any respiratory infections they may have sustained while on furlough are excluded from the admission rates unless they reported to an Army installation for treatment while on furlough.

COMMON RESPIRATORY & INFLUENZA ADMISSIONS PER 1,000 MEN PER YEAR

ARMY AND NAVY BY SERVICE COMMANDS AND NAVAL DISTRICTS IN THE U. S.

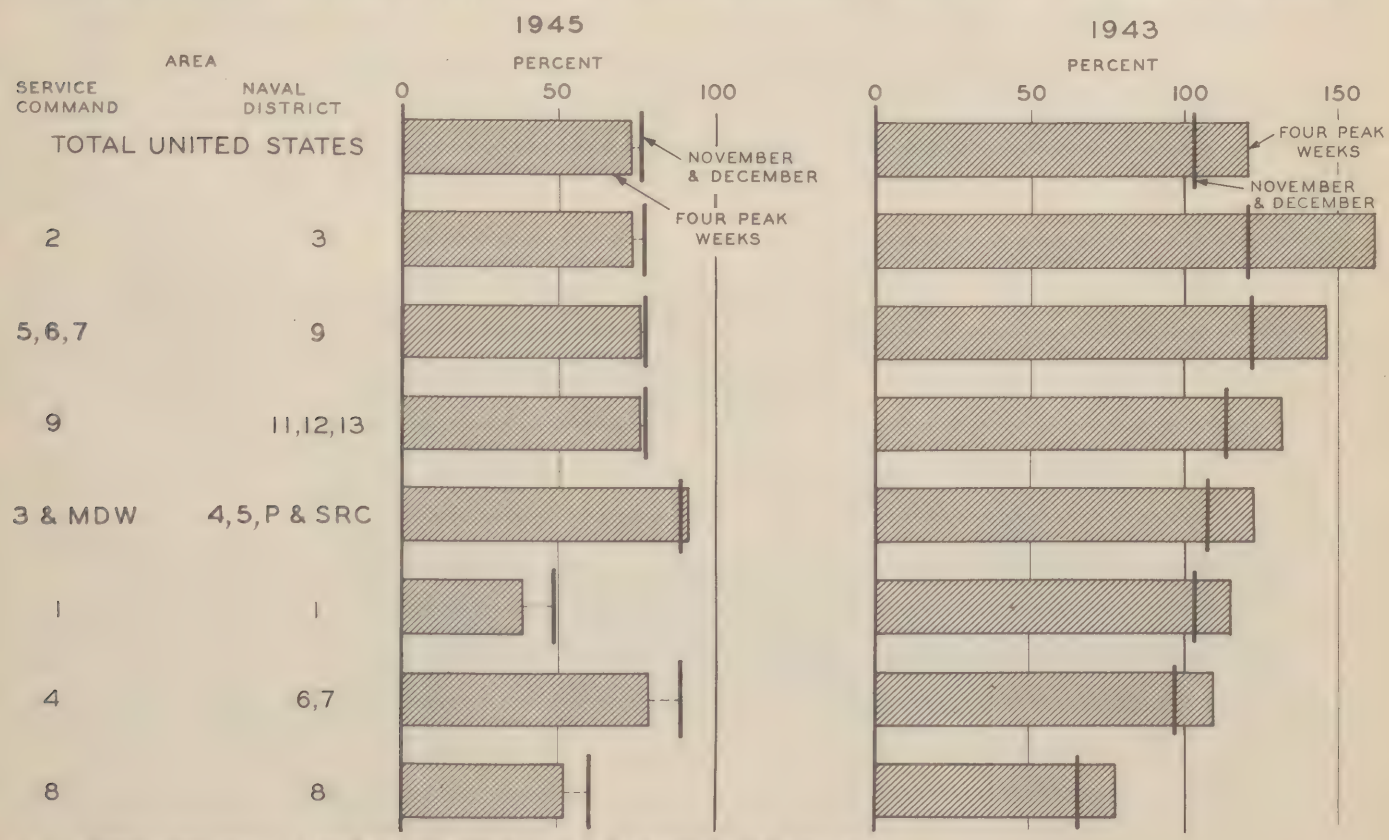


RESPIRATORY DISEASE IN THE UNITED STATES (Continued)

The uncertain nature of civilian reporting and the vaccination program of the Army make it difficult to determine whether this outbreak was as extensive as the last major influenza epidemic, that of December 1943 and January 1944 which was caused by influenza virus A. The total number of civilian cases reported from start to peak of the epidemic period was much higher for 1943, and the peak in that year was sustained for two weeks. In 1945 the peak was higher, but the number of cases declined very abruptly immediately thereafter, as may be seen from the chart on the preceding page. Moreover, 60 percent of the 1945 peak is compounded of cases reported by the state of Kentucky on the basis of estimates rather than actual counts. In 1943 its proportionate share in the peak was only 18 percent. For this reason the civilian incidence is shown both inclusive and exclusive of the cases in this state. On this admittedly rough basis the 1945 civilian epidemic was only about half as extensive as that in 1943. In addition it is reported that civilian mortality was less during the recent epidemic period than in 1943. Similar calculations show that the increase in Navy morbidity from the start to the peak of the epidemic in 1945 was 35 percent of that in 1943. In the Army, however, the 1945 increase was less than 25 percent of that which occurred in 1943. The peak rates for Army and Navy personnel in 1945 were respectively 27 and 55 percent of those in 1943.

The charts on page 5 provide the basic series for the Army, Navy, and civilian populations. Great interest attaches to the question of the probable efficacy of the influenza virus vaccine as administered to Army troops in October and November. Although the data available are too crude to provide a sure basis for estimation, they strongly suggest a considerable degree of protection. On the basis of Navy experience the increase in Army morbidity should have been just twice what was actually reported for November and December. A large part of the 50 percent increase <u>not</u> prevented may have consisted of common colds rather than influenza. Apart from any appreciable bias which might arise from the absence of personnel on furlough, therefore, the efficacy of the vaccine probably exceeded 50 percent. It is known that vaccination was incomplete because many men were on leave when their units scheduled vaccination. Furthermore, of the more than 50 cases of influenza confirmed by positive serological tests, the great majority were in unvaccinated men.

ARMY RESPIRATORY RATES* AS PERCENTAGES OF NAVY RATES BY AREA



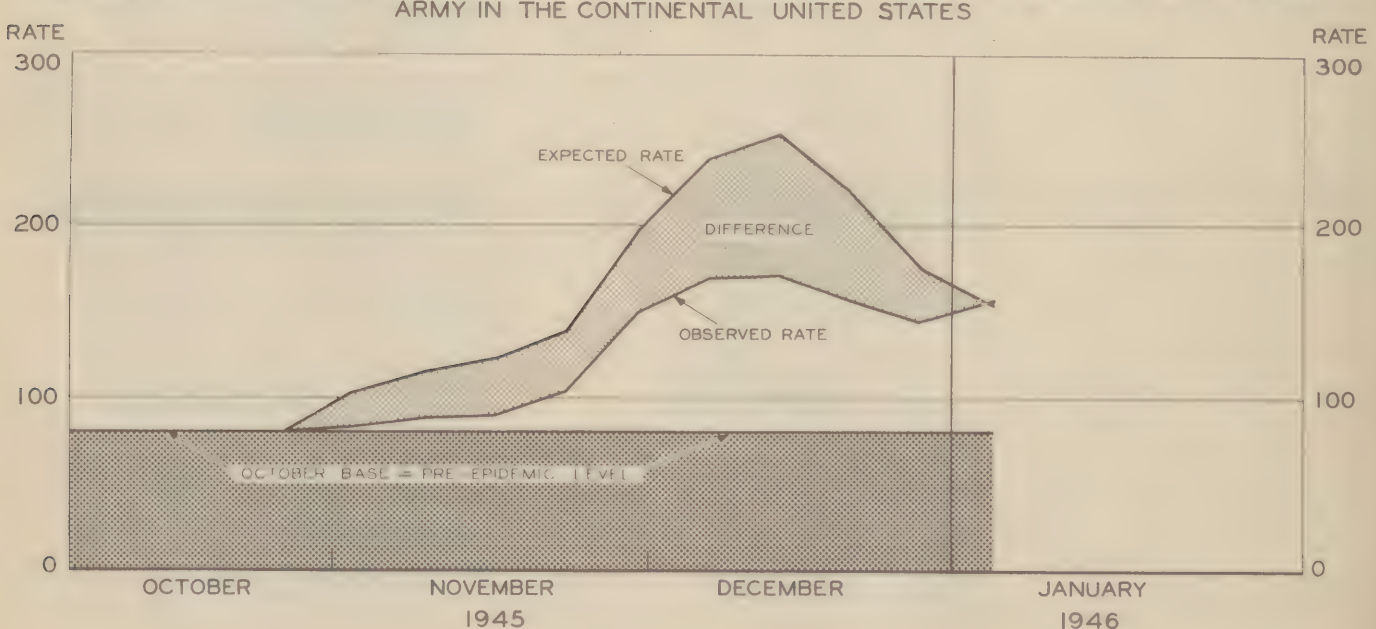
* For common respiratory diseases and influenza. Small adjustments have been made for differences in pre-epidemic levels (October).

RESPIRATORY DISEASE IN THE UNITED STATES (Continued)

Geographical variations in morbidity from respiratory disease are commonplace and require that Army and Navy admission rates be compared for homogeneous geographical areas. Even rigorous compliance with this criterion, which is not possible, would not rule out the possibility that Navy personnel might have different degrees of exposure because of other environmental conditions. Comparison of 1943 admission rates for all Army and Navy personnel in the United States, as in the chart on page five, shows plainly that Army rates were generally somewhat higher than those for the Navy. In 1944 the rates were also closely similar, the Army peak being slightly higher. These facts do not necessarily furnish an adequate basis of expectation for the current period, but it is certainly far more than suggestive that, in every instance where service command and naval district boundaries are reasonably close together, the 1945 Army values should be below those predicted from 1945 Navy rates. The set of panels on page 6 gives the results of this comparison for 1945 rates. Similar panels for 1943 would display a striking contrast in the similarity of the two curves in each area. By way of summarizing the evidence from such comparisons the chart on page 7 gives the recorded Army rates as percentages of the comparable Navy rates, with an adjustment for any difference in the pre-epidemic, October levels, both in 1943 and 1945. The comparison is made both for the four peak weeks in each year and for all the rates in November and December. Although the 1943 Army peaks tended to exceed the Navy high points, the total morbidity in November and December was about the same for the two services. Only in the 8th Service Command was the difference outstanding and that merely because the Army rate started from a higher base level. In 1945, as shown so clearly in the individual panels on page 6, Army rates were uniformly lower than Navy rates. For all areas combined the peak Army rates for 1945 were 74 percent of the Navy rates on this basis, and the November through December rates 77 percent. But since almost half of the expected peak represents a pre-epidemic base-line (or non-epidemic expectancy), the reduction in the expected increase is nearer 50 percent at the four-week peak period, as it is for November and December as a whole. The accompanying chart gives these facts graphically.

At this time it would be unwise to credit vaccination with the entire saving denoted by the shaded area of the chart below. Further information on the effect of men on furlough will have to be sought, although it is not believed that any difference between the two services in this respect was large enough, or occurred early enough in December, to prejudice the comparison. The evidence available now must be acknowledged to be highly suggestive that vaccination played a major role.

COMMON RESPIRATORY & INFLUENZA ADMISSIONS PER 1,000 MEN PER YEAR
ARMY IN THE CONTINENTAL UNITED STATES



DISEASE AND INJURY

INITIAL MORBIDITY EXPERIENCE OF TROOPS IN JAPAN

Statistical health reports from the Western Pacific are not very up to date, so that the experience of only the first five weeks (1 September to 5 October) in Japan and Korea can be presented. The accompanying chart gives rates for the major causes of interest both for troops in the newly occupied areas and for all other troops in the Western Pacific, chiefly in the Philippines. It will be seen that the initial rates are quite favorable. In large part this may be for the same reasons that admission rates are usually low at the outset of a large troop movement into new territory, and too much confidence cannot be expressed that so favorable a picture will long continue. There are intangible elements in the selection of troops for such movements. The Army has perhaps more control over the environment of the individual soldier before he begins either to mingle with the civilian population or, under combat conditions, before he becomes less subject to the sanitary and other discipline of Army life and to be exposed to increased health hazards in the field.

In the case of the rates for troops in Japan and Korea it is worthy of note that the venereal disease rates were evidently increasing in October. For troops in Japan, for example, the rate for the first week in October was 45 as against the average of 22 in September, while among troops in Korea the rate advanced from 11 in September to 38 in the first week of October.

On 30 December it was learned that an outbreak of smallpox had occurred in American troops assigned to XXIV Corps in Korea. According to latest reports there have been 31 cases, 11 of them fatal. A few cases have also occurred in Nagoya. In order to provide the maximum protection of troops in that area, a fresh supply of fully potent smallpox vaccine has been shipped by air directly to Korea. In addition, at the request of the theater, an expert in vaccine production from the National Institute of Health is now en route to the theater to evaluate local facilities for producing vaccine with a view to the establishment of a satisfactory local supply of vaccine for use in the civil population and possibly in American troops as well.

ADMISSIONS PER THOUSAND MEN PER YEAR BY CAUSE

FIRST FIVE WEEKS IN JAPAN AND KOREA

DISEASE AND INJURY

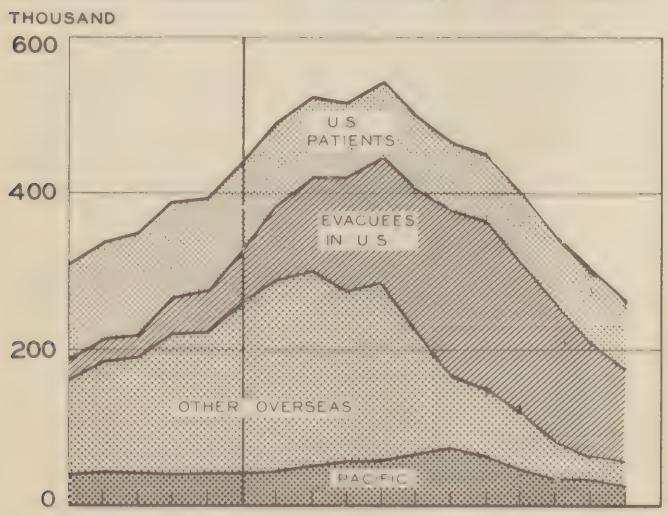
NONEFFECTIVES IN HOSPITAL AND QUARTERS

During November the declining strength of the Army resulted in a reduction of about 12 percent in the noneffective population to an average of 261,000 for the month. Taken in relation to strength, however, the noneffective population for the Army as a whole increased slightly from 42 to about 44 per 1,000 strength. With a decline of about 15 percent in strength and a shrinkage of about 12 percent in the census of overseas patients in U. S. hospitals, it is to be expected that the noneffective rate would rise for the entire Army. A similar argument applies to the rate for all troops in the U. S., although there was also a slight increase in noneffectiveness among U. S. troops entirely apart from this cause, chiefly as a result of disease. Overseas there was a very small advance in noneffectiveness from disease, according to preliminary returns, but the current level of 14.5 is very low indeed. The panels below give the most recent information in relation to that for previous months.

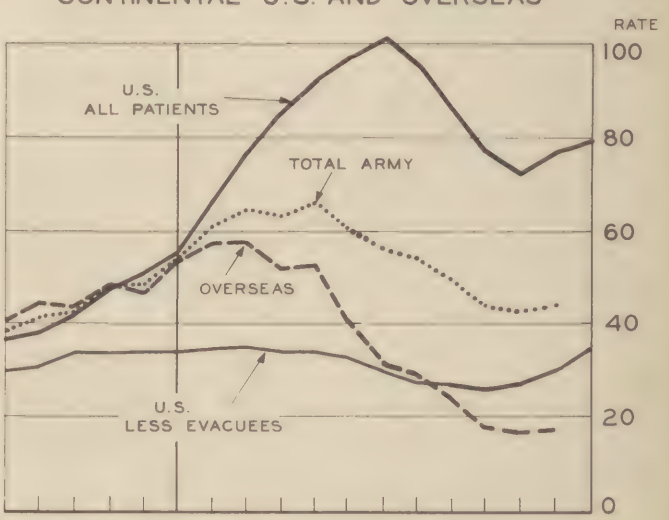
AVERAGE NUMBER OF NONEFFECTIVES PER THOUSAND STRENGTH

ALL CAUSES

AVERAGE NUMBER OF PATIENTS EACH MONTH

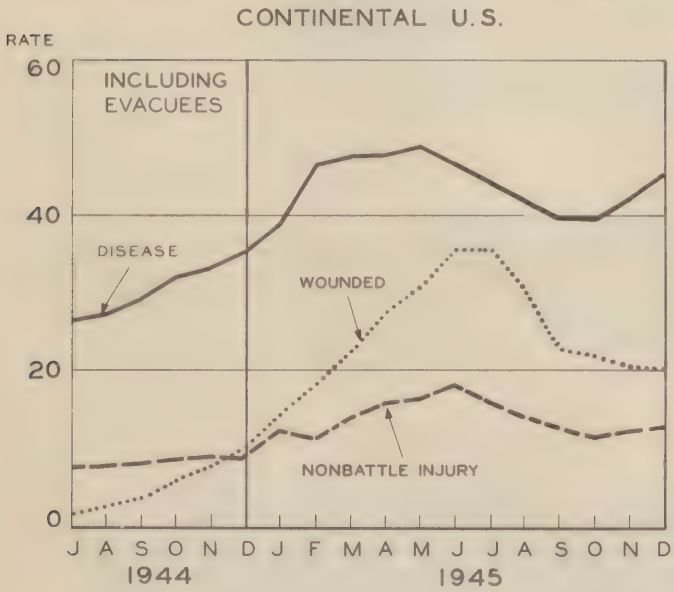


CONTINENTAL U.S. AND OVERSEAS

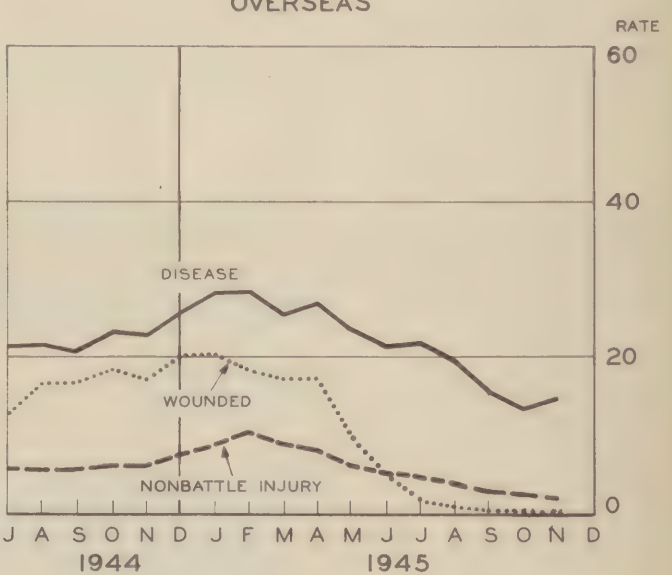


MAJOR CAUSES

CONTINENTAL U.S.



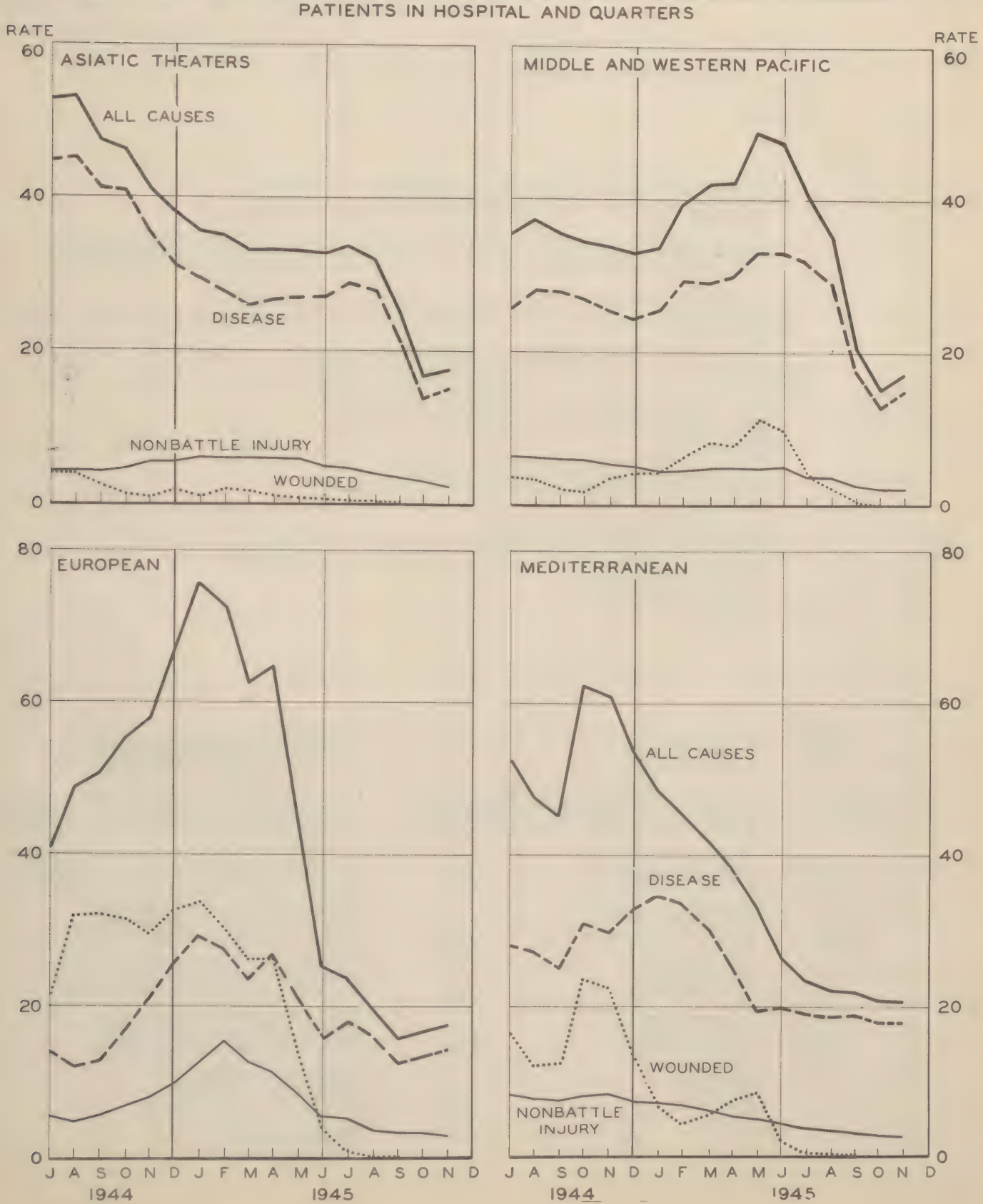
OVERSEAS



NONEFFECTIVES IN HOSPITAL AND QUARTERS (Continued)

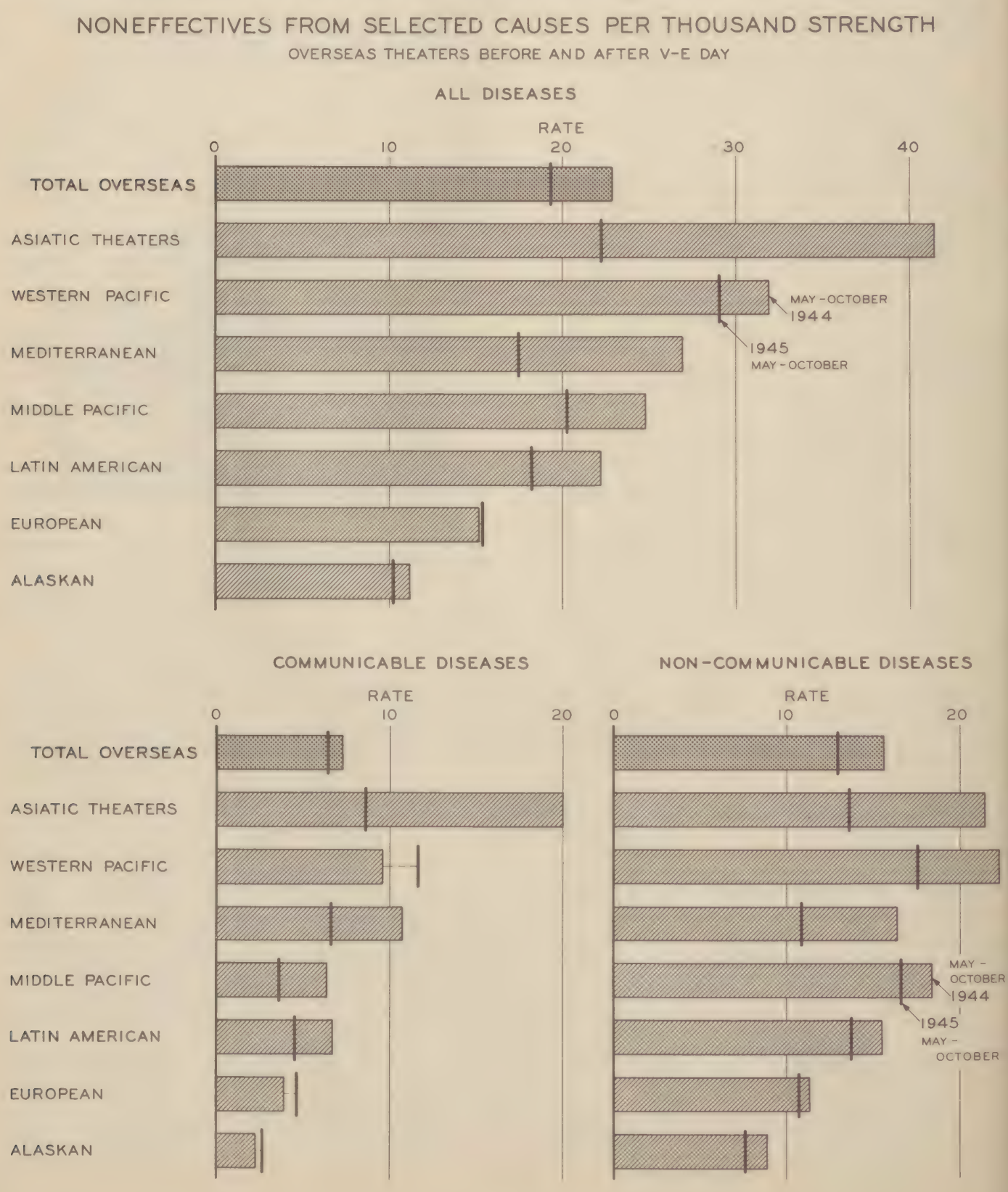
Following the recent spectacular declines in overseas noneffective rates noted in recent issues of HEALTH, there was some evidence of stabilization and even of slight upturn in the major theaters during November. Preliminary telegraphic information records slight increases in the rates for the Asiatic theaters, the Pacific, and the European Theater. In the Mediterranean the rates were unchanged, but later information now makes it necessary to revise upward by about three points the October rates shown there.

AVERAGE NUMBER OF NONEFFECTIVES PER THOUSAND STRENGTH
PATIENTS IN HOSPITAL AND QUARTERS



CAUSES OF NONEFFECTIVENESS OVERSEAS

Further definition of the changes in noneffectiveness may be gained from the accompanying panels which compare, for some of the more variable or important components of the noneffective rate, the averages for 1944 and 1945 over the period May through October. No single period short of a year permits direct comparison among theaters without regard to seasonal variation, for peak epidemic periods occur at different times in different areas. This is part of the reason why the disease rates for the Asiatic theaters overshadow those of other commands. The purpose of the charts is to depict the changes within each theater rather than to contrast theaters. The theaters are ordered the same way in each panel, the basis being their 1944 rates for disease. The average rates shown here have been derived by



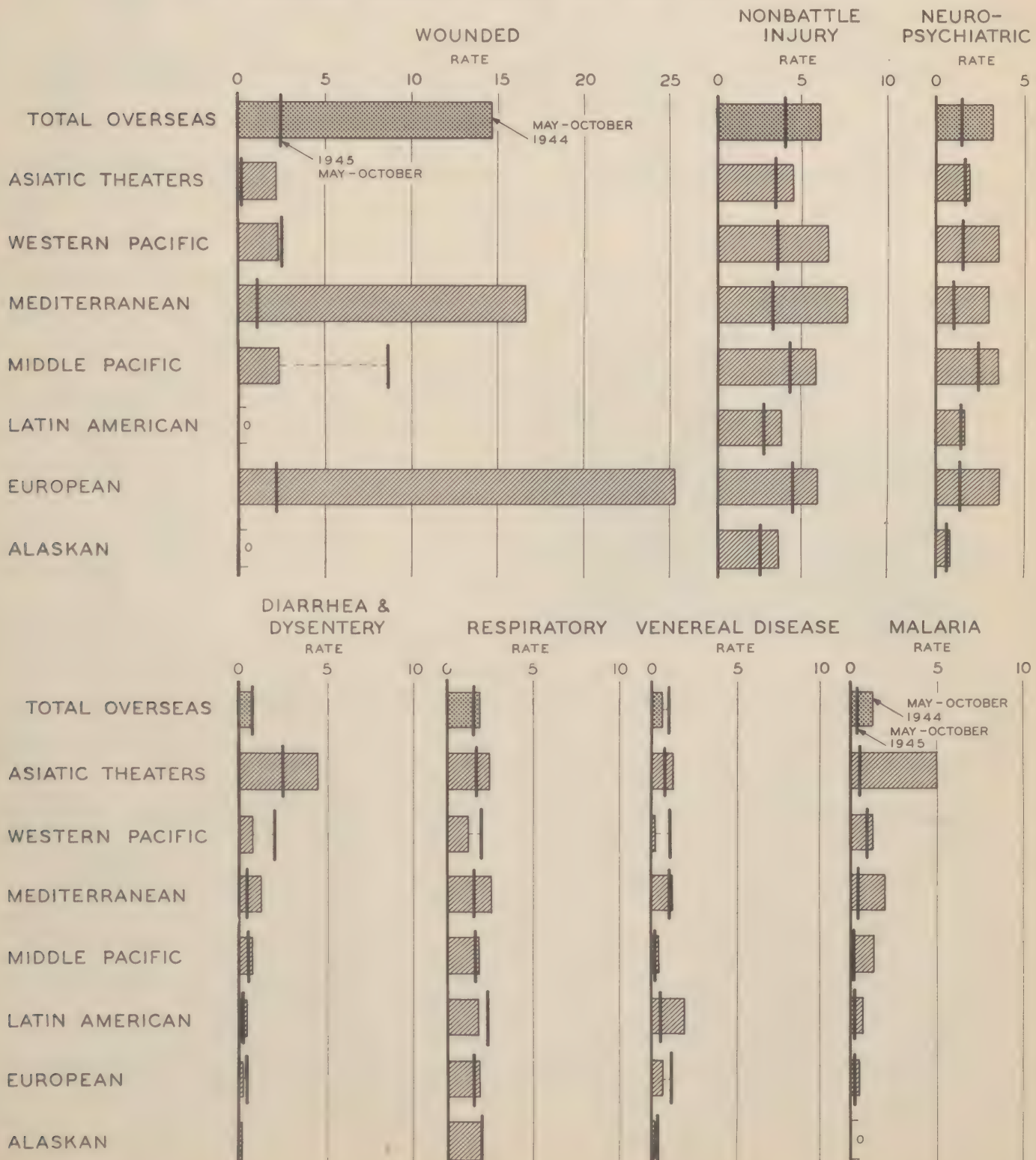
CAUSES OF NONEFFECTIVENESS OVERSEAS (Continued)

weighting the separate monthly rates by their respective strengths. For the most part this has the effect of placing somewhat more emphasis on the earlier months when theater strengths were generally higher.

The changes which have occurred since May 1945 are so great that even the large differences shown below fail to reflect the most recent levels, as can be shown at a later date. For every disease component shown separately on these pages except venereal and respiratory diseases, the 1945 rates are uniformly lower. For wounded there is an outstanding exception in the Middle Pacific, the aftermath of the Okinawa Campaign when theater strength was higher.

NONEFFECTIVES FROM SELECTED CAUSES PER THOUSAND STRENGTH

OVERSEAS THEATERS BEFORE AND AFTER V-E DAY



TREND OF HOSPITAL ADMISSIONS IN THE U. S. AND OVERSEAS

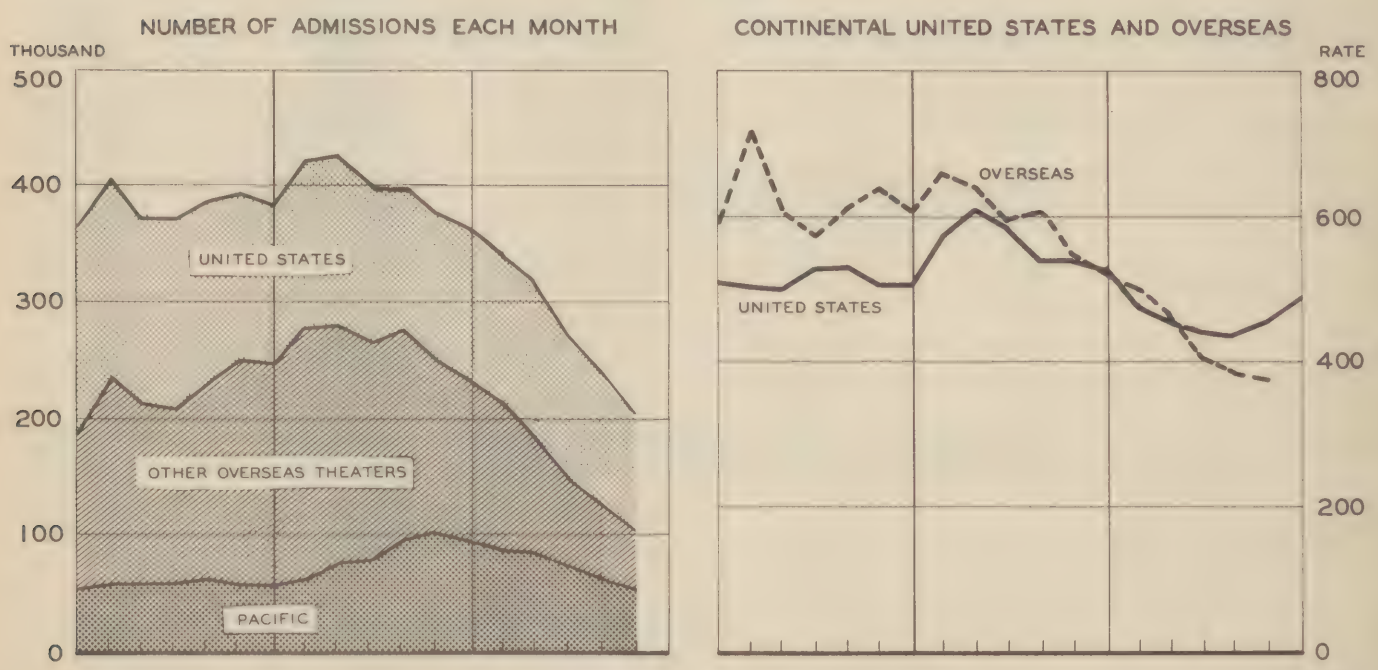
The absolute number of admissions to hospital each month continues to decline. In November there were only about 203,000, according to preliminary reports, about half the peak number reported early in 1945. In the Pacific the total fell from 61,000 to about 50,000. Even in the U. S., where the rate of admission advanced somewhat, the strength reduction was enough to produce a net decline of about 10 percent.

The panels below give hospital admissions (excluding quarters admissions) in both absolute and rate form. The two lower panels show that the increase in the Z/I rate derives from an advance in the admission rate for disease. The provisional rate of 26 for nonbattle injury among Z/I troops in December, influenced no doubt by the extensive furloughing of troops for the holidays, represents a further decline in the frequency of accidents. The rate of 29 for admissions to both hospital and quarters in December is the lowest reported by the Army in recent times. Overseas there was no substantial change in the hospital admission rates for either disease or injury.

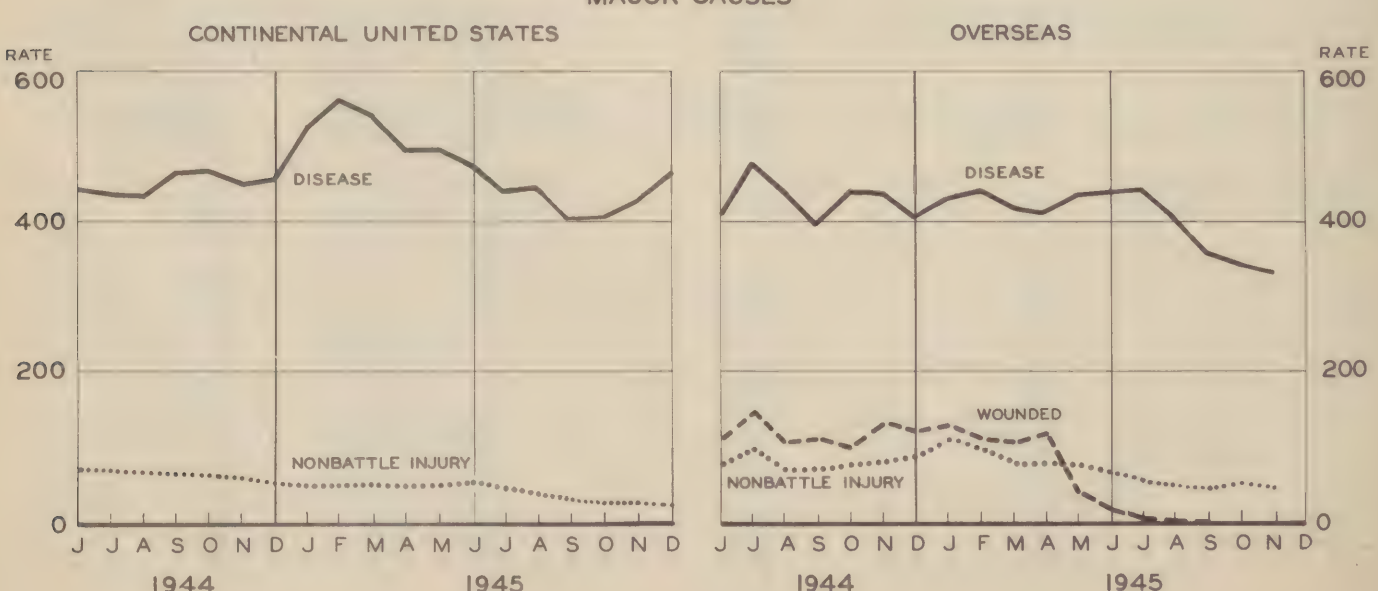
DISEASE, NONBATTLE INJURY, AND WOUNDED HOSPITAL ADMISSIONS

RATES PER THOUSAND MEN PER YEAR

ALL CAUSES



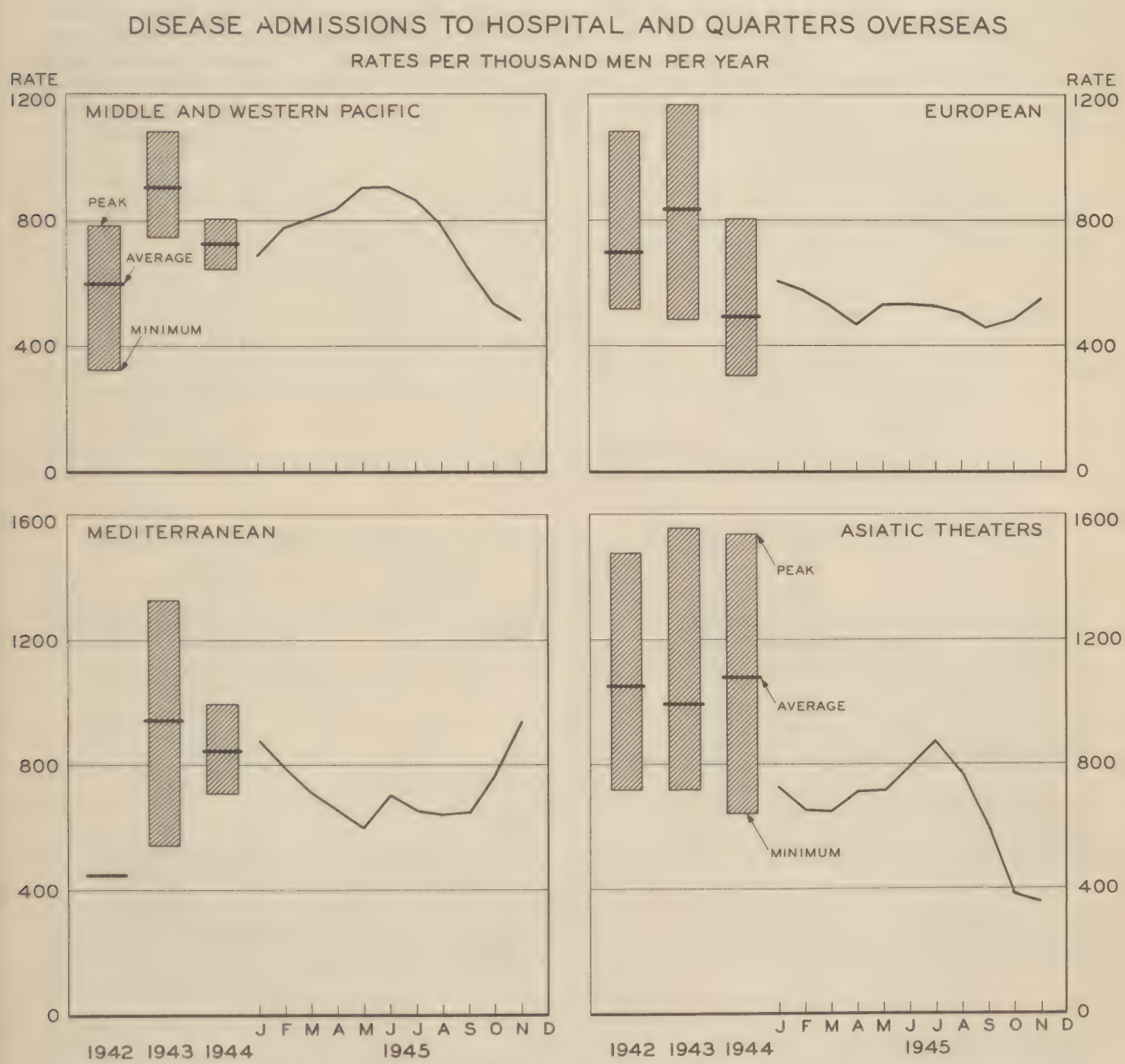
MAJOR CAUSES



DISEASE AND INJURY

DISEASE ADMISSIONS TO HOSPITAL AND QUARTERS IN OVERSEAS THEATERS

During November the chief change in disease admission rates overseas was the great increase registered by the Mediterranean Theater. The rise of about 200 per 1,000 men per year was caused solely by the unprecedented advance in the venereal disease rate, discussed on page 16. The remarkably low level attained by the Asiatic theaters in October was maintained in November, according to preliminary telegraphic reports.



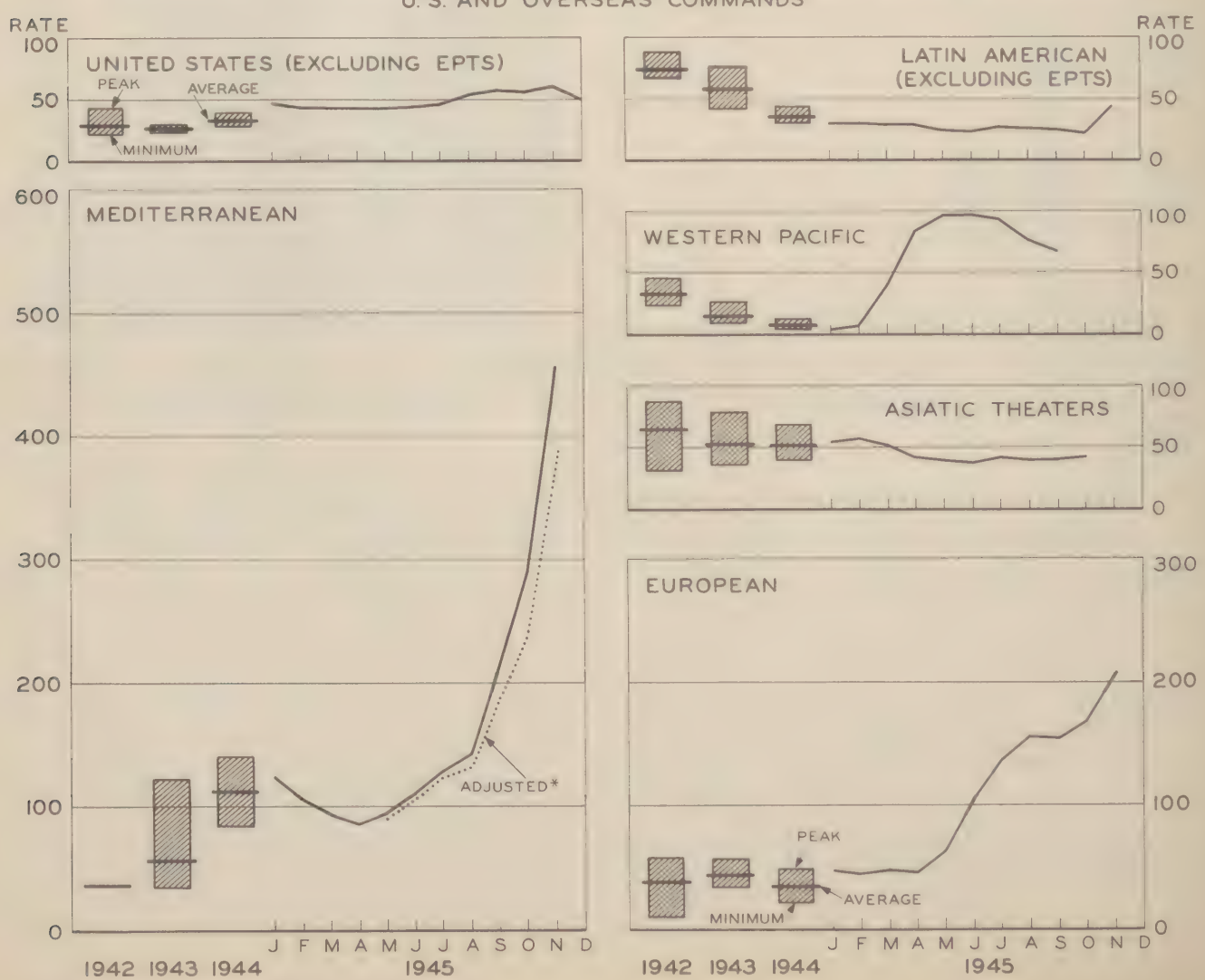
INCIDENCE OF VENEREAL DISEASE

Venereal disease admissions continue to climb in the Mediterranean and European Theaters, the recent advances in the former being especially spectacular. The rate of 456 for the Mediterranean Theater for November is absolutely without precedent in this war, and reminds one of those which were reported by the AEF during the latter part of 1919 when the strength fell below 50,000. These were 634 in August, 1,047 in September, 699 in October and 393 in November 1919. By November the strength in Europe was down to 19,000. In the present instance, however, the changing color composition of the theater strength is somewhat responsible, as may be seen from the trend of the adjusted line, calculated by weighting the separate rates for whites and Negroes with their average proportions of theater strength during 1944, about 11 percent for Negroes. At the end of October this percentage had risen to 21. However, the rates for whites alone advanced from 71 in May to 179 in October and 258 in November, and those for Negroes from 233 in May to 691 in October and 1,379 in November.

In the European Theater the October rate of 168 was superseded by 207 for November. Weekly rates for whites averaged 156 for November and those for Negroes about 809. From other commands the news was more favorable. In the U. S. the provisional rate of 50 for December represents a decline of about 15 percent below the November rate and is the lowest since July. It remains to be seen how great a post-holiday increase occurs in January. In the Western Pacific a continuation of the downward trend was reported, the latest rate being 68 for September. However, part of the improvement there results from the growing importance of strength outside the Philippines. The September rate of 95 for troops in the Philippines is only about 23 percent below the peak of 123 in May, whereas the decline in the entire Western Pacific is 30 percent. In the other major theaters the rates changed very little, but it is worthy of note that the latest rates for the Middle Pacific are but three to four admissions per 1,000 men per year, approximately the level maintained throughout the year. The rate for Latin America increased suddenly in November to 44, the highest it has been since October 1943.

VENEREAL DISEASE ADMISSIONS PER THOUSAND MEN PER YEAR

U. S. AND OVERSEAS COMMANDS



* To 1944 average ratio of white to Negro troops.

HOSPITALIZATION OVERSEAS

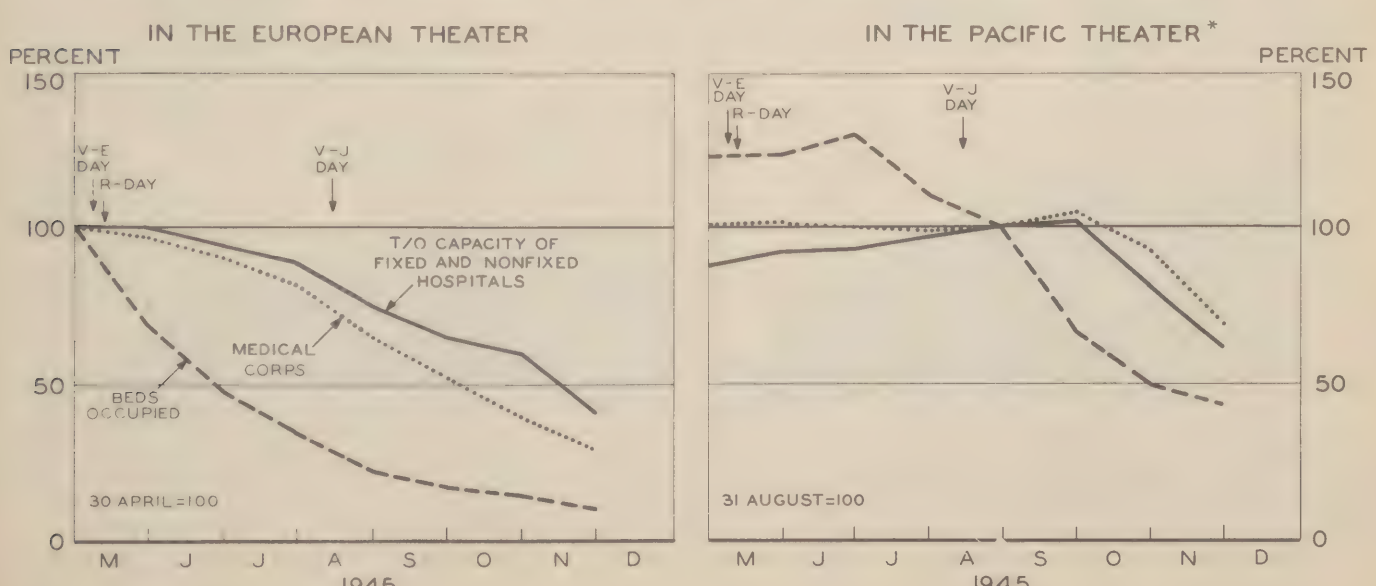
During December the major changes in overseas hospitalization were: 1) the revision of authorized hospital capacity in the various theaters; and 2) the effective elimination of operating nonfixed hospitals as a separate category. The various theaters which have nonfixed T/O units were directed by the War Department to count such units, if staffed with Medical Corps, Dental Corps, and Nurse Corps personnel, as part of the theater bed authorization. However, nonfixed units which are not professionally staffed may be retained in excess of the authorization for professionally staffed units. Thus the percentage authorizations for beds in the various theaters now apply to both fixed hospitals and professionally staffed nonfixed units. This change recognizes a de facto situation following the cessation of hostilities, the need for mobile support of tactical units having vanished and mobile units having been functionally employed as fixed hospitals or not at all. In addition, bed authorizations for the Africa-Middle East, the Pacific and the Asiatic theaters were reduced. Authorization for hospitalization in support of Chinese troops in India-Burma has been rescinded and the Pacific theater has been obligated to provide hospitalization for the Philippine Army at four percent of its strength which is presently authorized at 50,000 for 30 June 1946. No date for the termination of this obligation has been announced. The latest changes in authorizations for beds in the various theaters and the effective dates of these changes appear in the following table.

BED CAPACITY AUTHORIZED FOR OVERSEAS THEATERS
Beds Authorized as Percent of Theater Strength

Theater	Old Authorization For Fixed T/O Units	New Authorization For T/O Capacity of Fixed and Professionally Staffed Nonfixed Units	
	Percent of Strength	Percent of Strength	Effective Date
European	4.0	4.0	30 Nov '45
Mediterranean	4.0	4.0	17 Dec '45
Africa - Middle East	6.0	4.0	3 Dec '45
China	6.0	4.0	18 Dec '45
India - Burma	6.0	3.0 a/	21 Dec '45
Middle Pacific	6.0	4.0 b/	21 Dec '45
Western Pacific	7.0		
American	3.0	3.0	No Change

a/ Obligation for support of Chinese troops has been cancelled.
b/ Authorization covers up to 50,000 Philippine Army personnel by 30 June 1946.

DECLINE IN MEDICAL STRENGTH AND HOSPITAL CAPACITY AND OCCUPANCY
DOCTORS, PATIENTS AND BEDS AS PERCENT OF NUMBER OVERSEAS ON BASE DATE



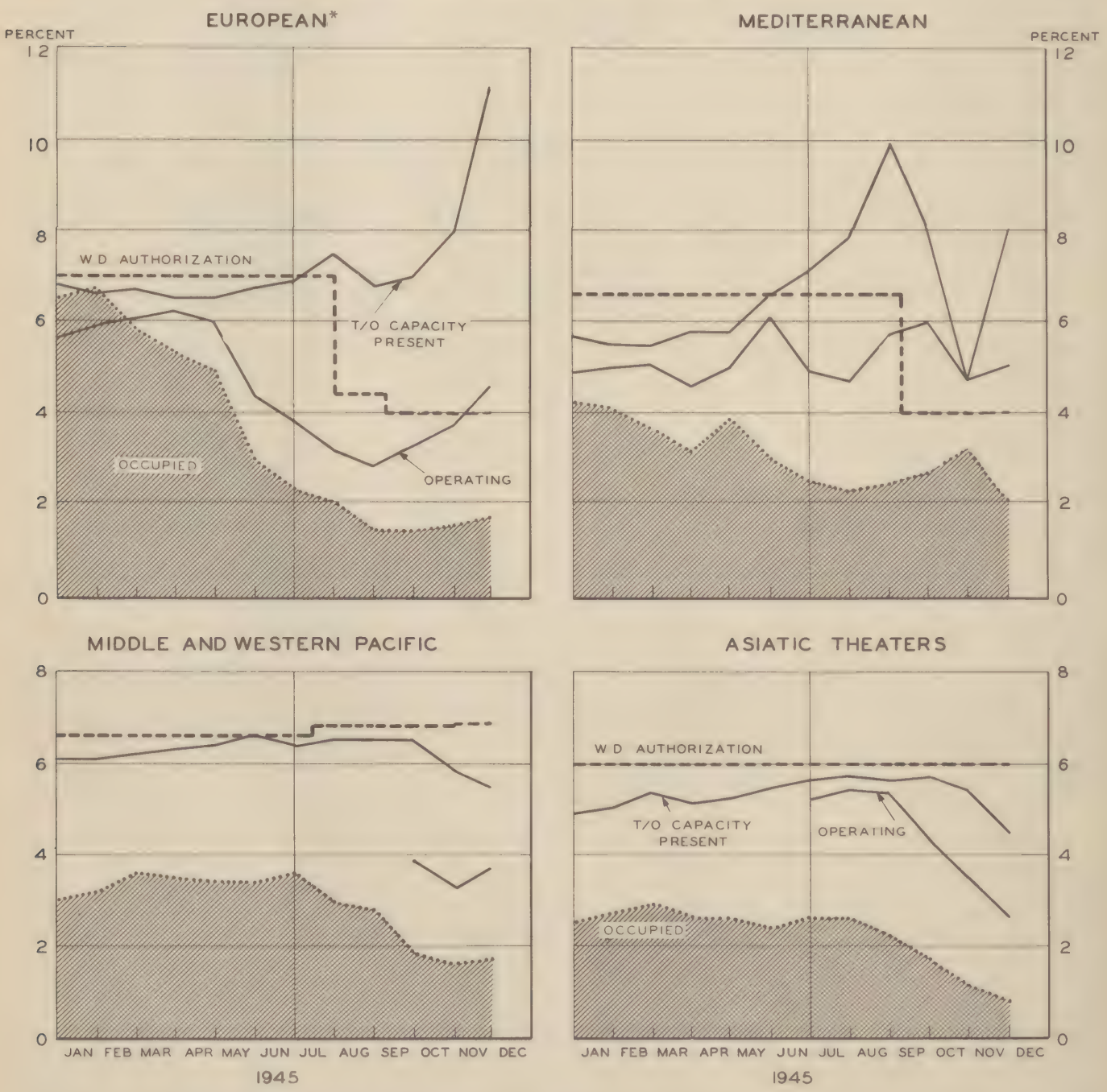
* Including the Asiatic Theaters

HOSPITALIZATION OVERSEAS (Continued)

In the latest data available, those for 30 November 1945, the impact of the changes mentioned above is evident for only the European Theater. As may be seen in the accompanying charts, the consolidation of fixed and nonfixed units, together with a further decrease in troop strength, increased the beds present in relation to strength from 8.0 percent at the end of October to 11.1 on 30 November in the European Theater. Corresponding additions to the percentages for operating and occupied beds are also manifest. The effects of the recent changes upon other theaters will not be evident until the data for the end of December are available. The accompanying tables show the status of all hospitals overseas except nonfixed facilities in the Western Pacific and Asiatic theaters for 30 November. Their aggregate mo-

FIXED HOSPITALIZATION IN OVERSEAS THEATERS

BEDS AS PERCENT OF STRENGTH



* Includes professionally staffed nonfixed hospitals for first time on 30 November.

HOSPITALIZATION OVERSEAS (Continued)

bile T/O capacity was only 5,975 beds and their load 1,590 patients, all of whom were in the Western Pacific.

The T/O capacity of units present in a theater does not yet provide an adequate or reliable guide to medical personnel present because so many units are entirely out of operation or have only skeleton staffs remaining. This will continue to be true throughout the period of demobilization until the overseas forces stabilize at occupation levels. The chart on page 17 presents the decline in Medical Corps strength, in T/O capacity of all fixed and nonfixed hospital units present, and in hospital patients in the European, Pacific, and Asiatic theaters. The numbers of doctors, beds, and patients remaining on successive dates have been expressed as percentages of the corresponding numbers remaining in the respective theaters on dates closest to the cessation of hostilities in the two areas. Thus the numbers remaining in Europe are expressed as percentages of the number in the theater on 30 April and the base data for the Pacific is 31 August. Both the number of Medical Corps personnel and the number of patients have declined more rapidly than T/O capacity in Europe. Both there and in the Pacific, the hospital populations have fallen much more rapidly than either hospital capacity or numbers of doctors. During the first three months after V-J Day demobili-

FIXED BEDS AVAILABLE AND OCCUPIED
Number of Beds, 30 November 1945

Theater	W. D. Authorization	T/O Present		Operating d/		Occupied d/
		Number c/	Percent of Authorization	Number	Percent of T/O Present	
ALL THEATERS	141,307	192,925 e/	136.5	104,582 f/	54.2	41,398 g/
American a/	2,368	4,175	176.3	4,330	103.7	959
European b/	37,744	104,650 e/	277.3	43,798 f/	41.9	16,355 g/
Mediterranean	2,612	5,300	202.9	3,400	64.2	1,292
Pacific	84,449	67,900	80.4	46,025	67.8	20,809
Asiatic	13,146	9,850	74.9	5,769	58.6	1,835
Africa-Middle East	988	1,050	106.3	1,260	120.0	148

Beds as Percent of Strength and Percent Occupied

Theater	Strength (Thousands) h/	W.D. Authorization (Percent)	Bed Capacity		Beds Occupied as		
			T/O Present	Operating	Percent of Strength	Percent of T/O Present	Percent of Operating
ALL THEATERS	2,555	5.5	7.6	4.1	1.6	21.5	39.6
American a/	79	3.0	5.3	5.5	1.2	23.0	22.1
European b/	944	4.0	11.1	4.6	1.7	15.6	37.3
Mediterranean	65	4.0	8.1	5.2	2.0	24.4	38.0
Pacific	1,232	6.9	5.5	3.7	1.7	34.3	45.2
Asiatic	219	6.0	4.5	2.6	0.8	18.6	31.8
Africa-Middle East	16	6.0	6.4	7.7	0.9	14.1	11.7

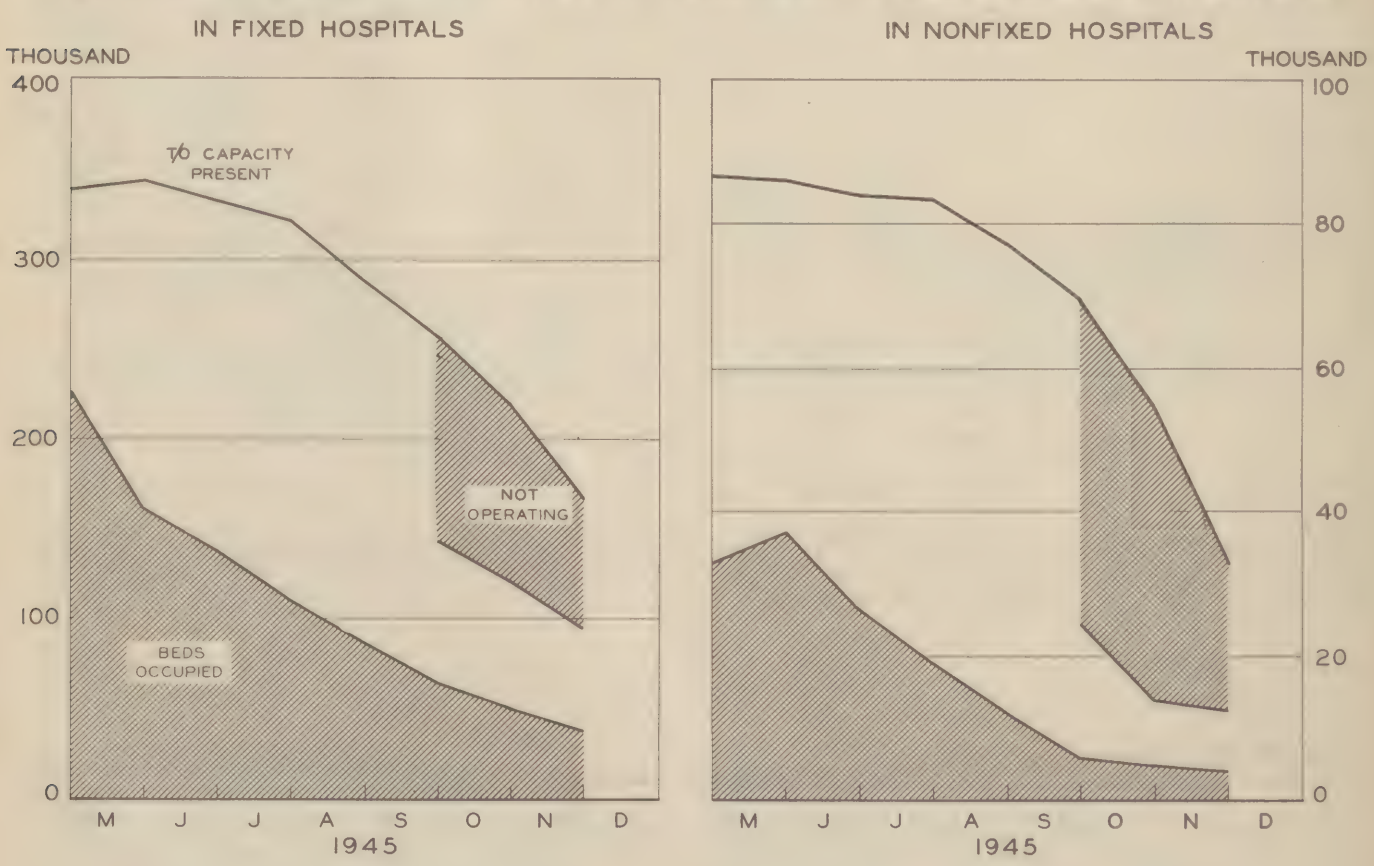
a/ Includes Alaskan Department and excludes Eastern Canada.
b/ Includes nonfixed beds under authorization of 30 November 1945. See text.
c/ T.L.O.S. dated 1 December 1945.
d/ Reported by theaters telegraphically for 30 November.
e/ Includes 26,800 beds present in nonfixed hospitals.
f/ Includes 8,718 nonfixed beds operating.
g/ Includes 2,515 nonfixed beds occupied.
h/ Geographic strength by theater, excluding personnel en route to or from overseas theaters. Strength for Asiatic theaters includes allowance of 70,000 Chinese in India-Burma, the last reported count.

HOSPITALIZATION OVERSEAS (Continued)

zation of medical facilities proceeded at a somewhat faster pace in the Pacific than in Europe during the first three months after V-E Day. Total T/O capacity, bed occupancy, and the number of Medical Corps officers assigned to the Pacific theaters declined by 39, 57, and 31 percent respectively between 31 August and 30 November. Comparable percentages for Europe are 10, 66, and 18 for the period from 30 April to 31 July. This comparison assumes that 31 August in the Pacific was more like 30 April in Europe than was 31 July. If the latter date is used, the relative decrease was smaller for the Pacific with respect to patients and doctors, but greater for T/O capacity. The percentages are 17, 55, and 5 in the order used above. The two panels below show, in absolute form, the decrease in the available capacity and in the number of patients in fixed and nonfixed T/O beds in all overseas theaters since 30 April 1945. Only 166,000 beds in fixed T/O units and 33,000 nonfixed beds remained overseas on 30 November in comparison with 338,500 fixed and 86,700 nonfixed at the end of April.

Of the 247,000 beds in field, station, general and convalescent hospitals in Europe, the Mediterranean, and the Africa-Middle East on 30 April, 55 percent had been returned to the Z/I by 10 January 1946, five percent were under directive to return, and an additional six percent had been or were to be inactivated in the theater. In contradistinction to the large proportion of units returned to the Z/I from these areas, the equivalent of 46 percent of the 118,000 beds which were in the Pacific and Asiatic theaters on 31 August had been or were to be inactivated overseas, and only four percent had been returned to the Z/I for inactivation by 10 January. In addition less than one percent of the total was under directive to return. By 10 January the War Department had received notice from the Pacific that 76 percent of the beds in units scheduled for inactivation in the theater had been inactivated.

HOSPITAL CAPACITY AND PATIENTS REMAINING IN ALL OVERSEAS THEATERS

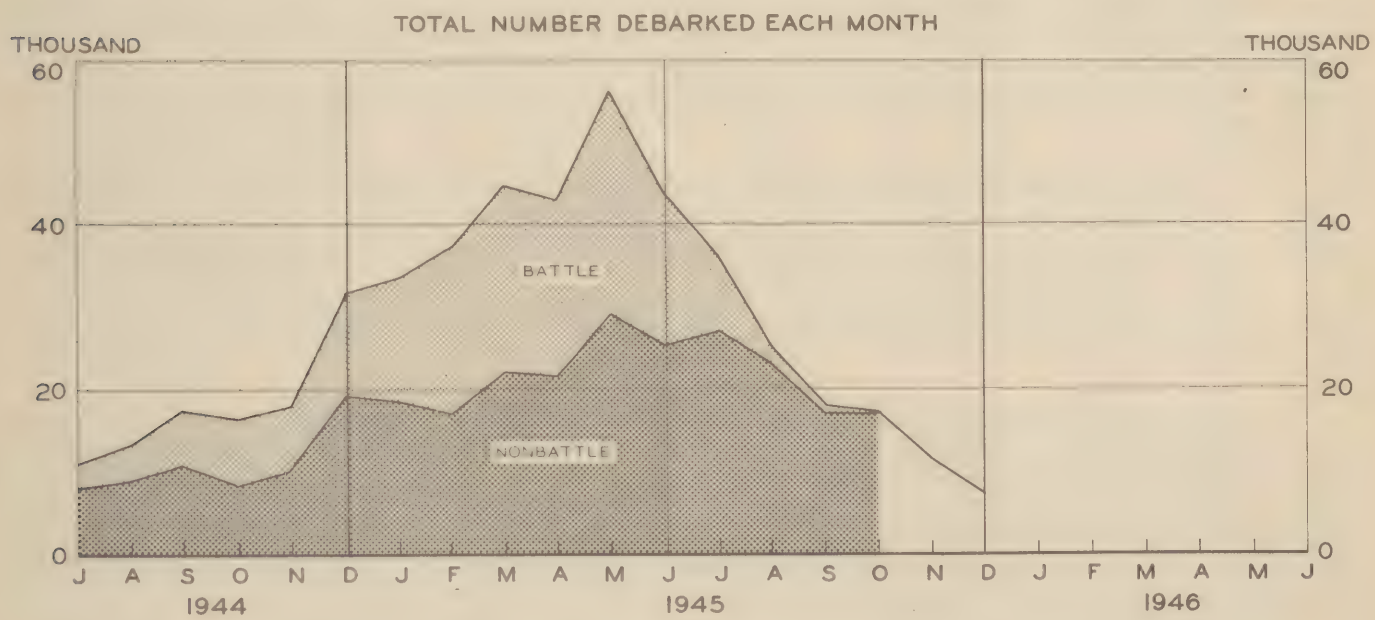


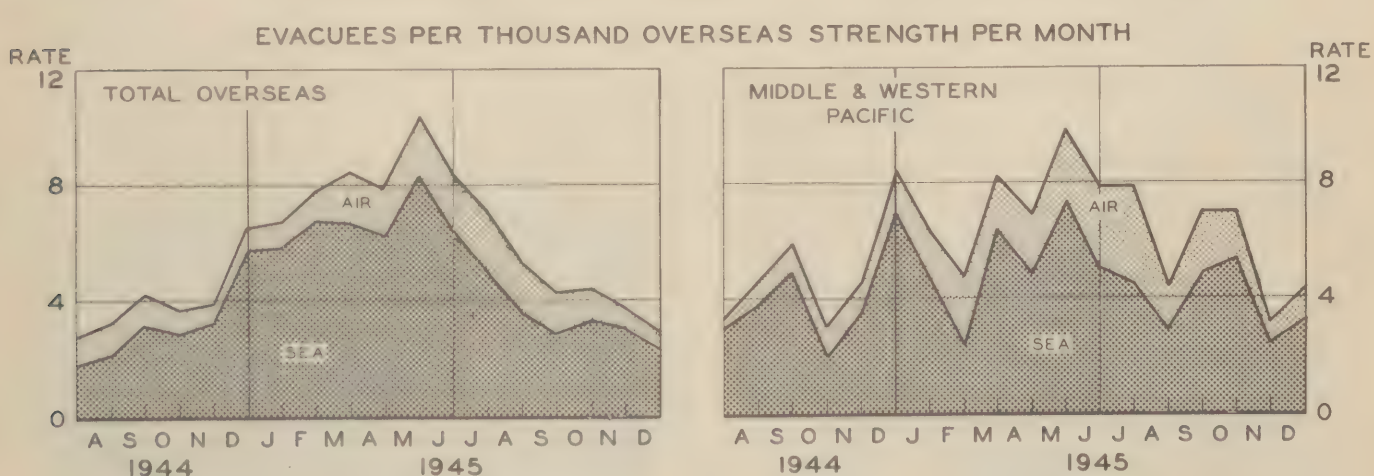
TREND OF EVACUATION FROM OVERSEAS

Not since April 1944 has the number of Army patients debarked in the Z/I been below the provisional count of 7,600 for December 1945. The corrected count for November is 11,500 of which 17 percent arrived by air. For December the percentage arriving by air was 23, most of the decline having occurred in the water lift. The top panel below gives the absolute number of overseas patients debarked each month in the Z/I, with a distinction between wounded and nonbattle cases. The bottom panels present similar information in rate form for all theaters and for the Pacific but with a separation of air and water lift.

The greatest change occurred in the number of patients received from the European Theater, less than 1,000 having arrived in comparison with about 5,000 during November. This is the lowest number arriving from that theater since October 1943. Evacuation from the Asiatic theaters declined to about 900 in December, or 300 below the November total, but remains at a high level in relation to theater strength.

EVACUATION OF ARMY PATIENTS FROM OVERSEAS





HOSPITALIZATION IN THE ZONE OF INTERIOR

The first phase of the scheduled cutback of the general-convalescent hospital system was completed during December 1945. Twelve general hospitals, and two convalescent hospitals were closed during the month. In addition, the rapid decrease in the neuropsychiatric load permitted the closure of the Edgewood Annex of Mason General Hospital three months in advance of its scheduled closure date. The authorized patient capacity of the general-convalescent hospital system was reduced by more than 33,000 beds during December.

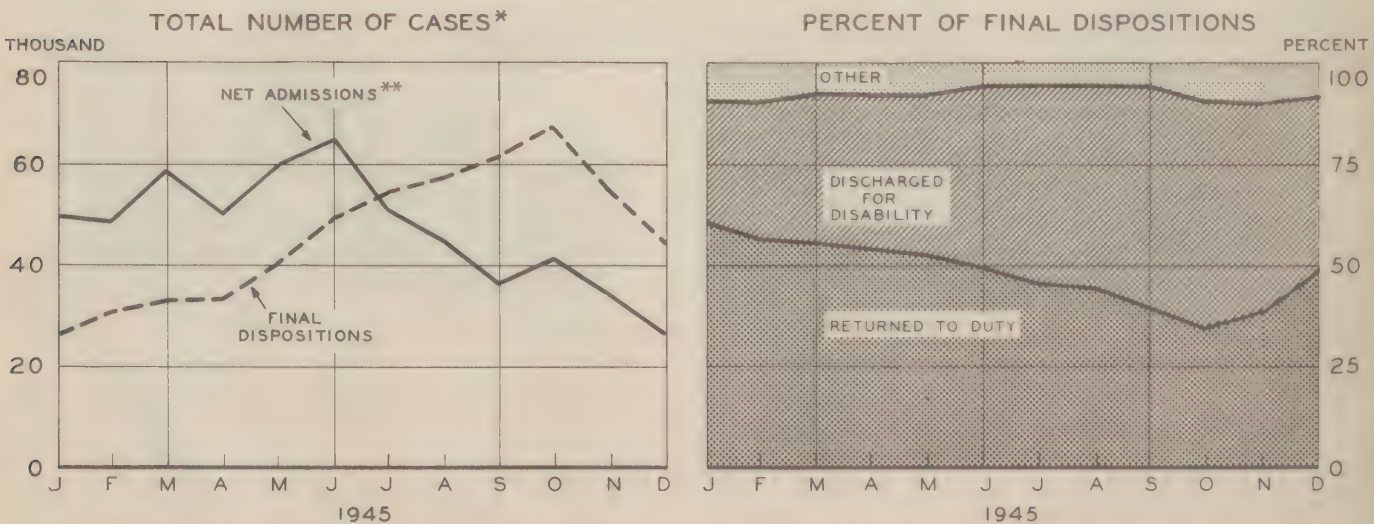
During the last quarter of the year, 20 general hospitals and three convalescent hospitals were closed. The patient capacity of the system was reduced by more than 75,000 beds or 36 percent. It is worth noting that the contraction was twice as rapid as the preceding expansion.

The second phase of the cutback, as reported in the November issue of HEALTH, page 28, has already been initiated. Fourteen of the remaining 45 general hospitals and four of the remaining ten convalescent hospitals with a combined capacity of 37,000 beds are scheduled for closure by the end of March. The Daniel Field Annex of Oliver General Hospital, and the Eastman Annex of Army and Navy General Hospital, totaling 2000 beds are also scheduled for closure during the first quarter of the year. The above hospitals have already been blocked for receipt of new patients. To insure maximum economies, the service command surgeons have been instructed to reduce authorizations of beds and personnel in these hospitals bi-monthly.

The effectiveness with which bed authorizations kept pace with the decreasing patient load is reflected in the occupancy rate. Authorized patient capacity at the end of December totaled 116,666 for general hospitals, and 14,490 for convalescent hospitals. The patient load in the general hospitals was 111,773, or 99 patients remaining for every 100 effective beds. The patient load of convalescent hospitals was 11,763, or 81 patients per 100 beds authorized. Further reductions in convalescent hospital bed authorizations were made in early January.

Patients evacuated from overseas theaters accounted for 89,000 of the 124,000 patients in general and convalescent hospitals at the end of December. Forty-two thousand of these patients were battle casualties. The balance of the general-convalescent hospital load was composed of 13,000 Zone of Interior patients receiving general-convalescent type care, 18,000 receiving regional-station type care, and 3,600 non-Army patients -- prisoners of war, civilians, and patients referred by the Veterans Administration. With the exception of Zone of Interior patients receiving general-convalescent care and patients referred by the Veterans Administration, all categories of patients showed a sizeable decline over the November figures.

ADMISSIONS AND DISPOSITIONS OF PATIENTS IN GENERAL AND CONVALESCENT HOSPITALS



* Adjusted to four-week months. ** Total admissions less dispositions by transfer.

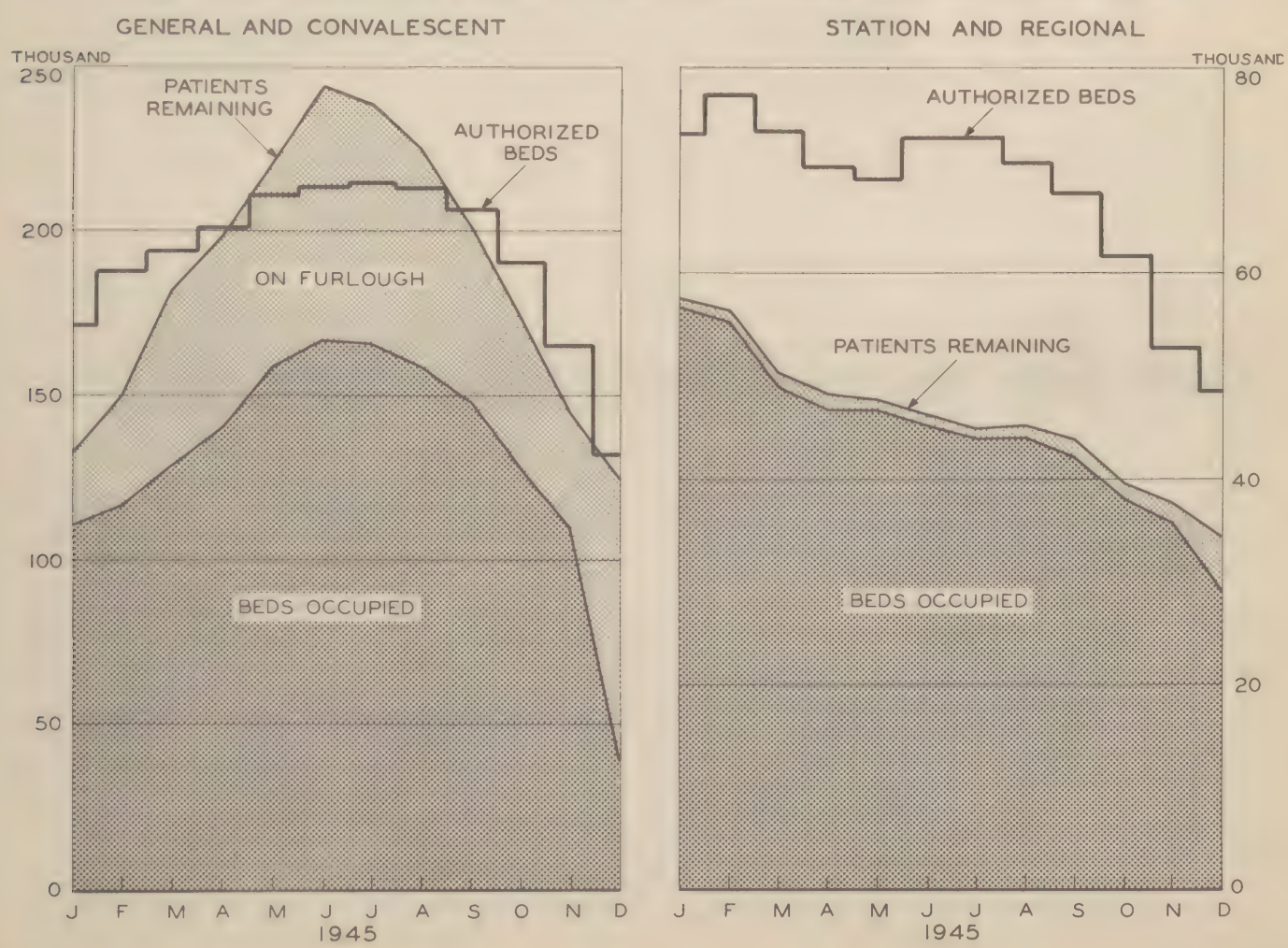
HOSPITALIZATION IN THE ZONE OF INTERIOR (Continued)

The number of patients remaining in station and regional hospitals in the Zone of Interior decreased from 37,700 at the end of November to 34,300 at the end of December, or at approximately the same rate as the decline in troop strength served by these hospitals. The number of beds authorized decreased at a slightly slower rate to total 48,700 at the end of December. The occupancy ratio of 80 patients for each 100 effective beds in station hospitals calls for further reductions in bed authorizations.

The contraction of the hospital system in the Zone of Interior permitted a reduction of more than 24,000 in operating personnel requirements during December. However, the total number of personnel assigned to hospitals decreased by only 19,000. It is inevitable that there be a lag between the closing of a hospital and the corresponding reduction in personnel. A large number of officers and enlisted personnel assigned to closing hospitals are not eligible for separation and must be transferred to other installations to release personnel having priority for separation before the full economy of the operation can be registered.

Operating personnel assigned to Zone of Interior hospitals exceeded requirements at the end of December by approximately 1,200 Medical Corps officers, 1,000 nurses, and 9,000 enlisted personnel. The surplus was heavily concentrated in station and regional hospitals. Instructions have been issued to declare all excess personnel surplus so that they, or an equivalent number, may be separated from the service. The existence of this surplus made possible the formulation of a rotation policy whereby 1,000 Medical Corps officers, 500 Dental Corps officers, and correspondingly large numbers of other Medical Department officers will be shipped to overseas theaters immediately to replace officers who, although not eligible for separation, have served 18 months or more overseas. Concurrently, it is planned to lower separation criteria so that a larger number of the returnees are made eligible for separation. It is anticipated that, with the exception of volunteers and a relatively small number of key specialists, every AUS Medical Corps officer will be relieved from duty by early summer.

HOSPITAL CAPACITY AND PATIENT LOADS, Z/I HOSPITALS, 1945



HOSPITALIZATION

SUMMARY ASF HOSPITALIZATION IN THE ZONE OF INTERIOR
End of December 1945

Type of Hospital	Patient Capacity		Patients Remaining		Beds Occupied c/	Personnel Shortages d/		
	Authorized	Effective a/	Number b/	Percent of Effective Beds		MC	ANC	Total
Total	179,888	164,436	157,873	96.0	69,456	-1,194	-1,033	-10,558
General	116,666	112,401	111,773	99.4	38,410	-482	-334	114
Not Blocked	83,731	79,466	80,141	100.8	29,771	-427	-316	-1,071
Blocked e/	32,935	32,935	31,632	96.0	8,639	-55	-18	1,185
Convalescent	14,490	14,490	11,763	81.2	2,008	1	-3	-1,710
Not Blocked	10,690	10,690	8,810	82.4	1,474	-11	-6	-1,546
Blocked e/	3,800	3,800	2,953	77.7	534	12	3	-164
Regional	21,603	17,282	18,225	105.5	14,005	-389	-486	-4,543
Station f/	27,129	20,263	16,112	79.5	15,033	-324	-210	-4,419

a/ Less debarkation beds and 20 percent dispersion in regional and station hospitals.
b/ Data exclude patients in triage at debarkation hospitals.
c/ Data affected by large number of patients on furlough during holiday week.
d/ Overages are indicated by a minus sign (-).
e/ Scheduled for closure prior to 31 March and blocked for receipt of new patients.
f/ Includes hospitals under the Chief of Transportation.

BEDS AUTHORIZED AND PATIENTS REMAINING IN ASF HOSPITALS
BY TYPE OF CARE AND TYPE OF HOSPITAL a/
End of December 1945

	Beds Authorized	Patients Remaining				
		Total	General	Convalescent	Regional	Station b/
Total	173,823	157,873	111,773	11,763	18,225	16,112
General-Convalescent Care	105,777	101,917	90,353	11,564	-	-
Evacuees		88,623	77,803	10,820	-	-
Z/I		13,297	12,550	744	-	-
Regional-Station Care	58,254	47,673	17,863	164	16,748	12,898
Regional	9,027	9,196	3,797	-	5,399	-
Station	49,227	38,477	14,066	164	11,349	12,898
Non-Army	9,792	8,283	3,557	35	1,477	3,214
POW	5,208	4,408	1,137	24	794	2,453
Civilians	2,321	2,199	1,094	11	449	645
Veterans Administration	1,925	1,096	940	-	152	4
Other	338	580	386	-	82	112

a/ Excludes debarkation beds and patients.
b/ Includes hospitals under the Chief of Transportation.

Summary.

1. The first phase of the scheduled cutback of the general-convalescent hospital system has been completed and the next phase initiated.

2. Bed authorizations in station and regional hospitals continue to decrease but not as rapidly as the decline in troop strength served.

3. The following steps are being taken to eliminate existing surpluses of Medical Department personnel in the Zone of Interior:

a. Carry out a large scale rotation of Medical Department officers with overseas theaters.

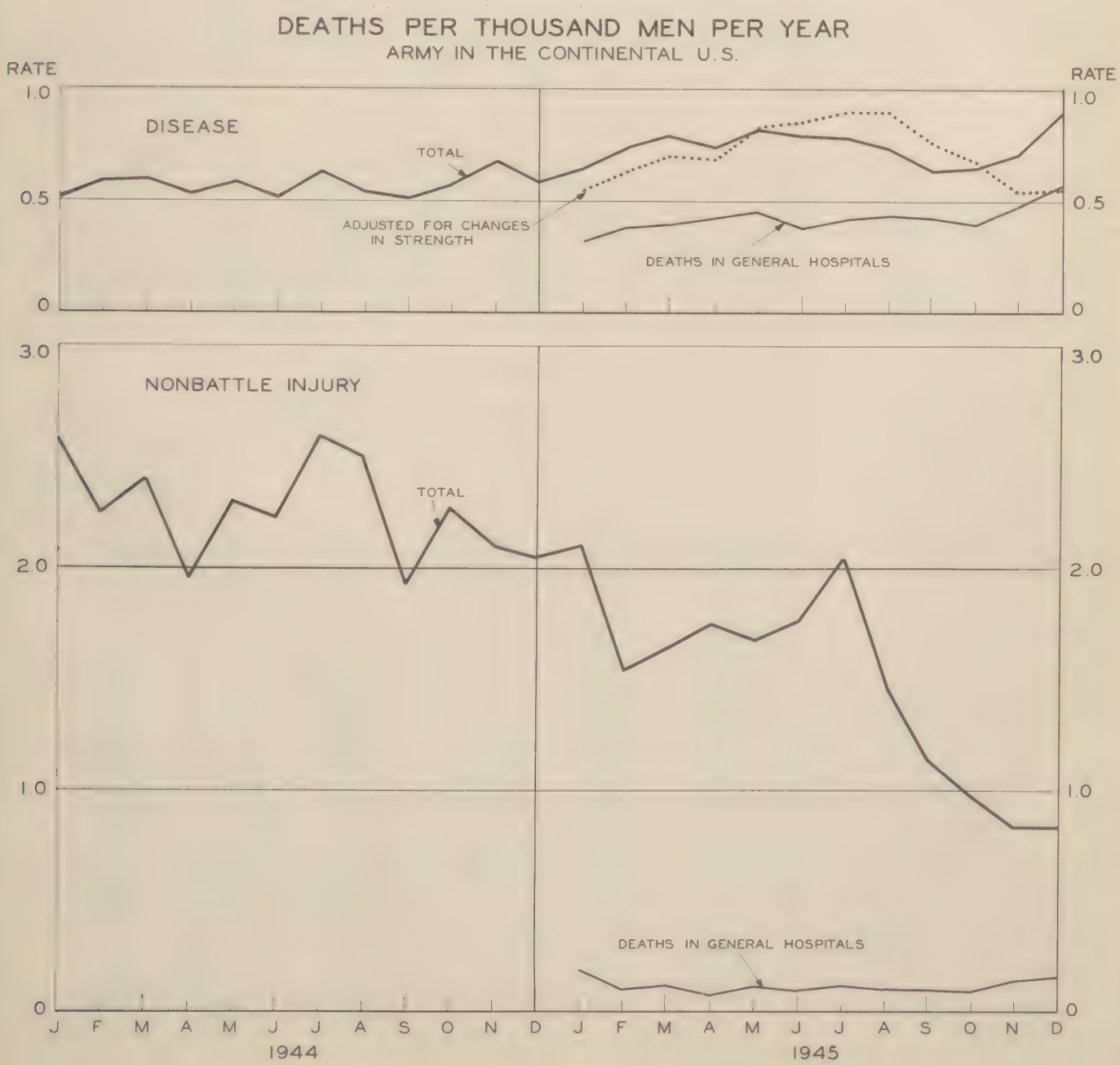
b. Reduce separation criteria for Medical Department officers.

c. Instruct service commands to declare all excess personnel surplus immediately.

MORTALITY IN THE U. S.

One major consequence of the very marked decline in U. S. admission rates for nonbattle injury, discussed in HEALTH for November, is that the death rate from accidental injury has fallen in somewhat parallel fashion to a point about 60 percent below the rate for January 1945. That rate, in turn, was about 10 percent below the average 1944 level. The lower panel of the accompanying chart gives the series graphically for 1944 and 1945.

Death rates from disease, on the other hand, after having remained at remarkably low levels throughout 1943 and 1944, increased substantially during the spring of 1945, probably in response to the tremendous number of evacuees and the steady decline in Z/I strength. Unlike accidental deaths, which tend to be fairly immediate, deaths from disease usually follow a period of illness of some length. Thus the disease deaths of a particular month are better related to the strength of an earlier month than to the month of death. An appropriate lag cannot now be determined from available information, but two or three months would appear reasonable. When a three-month lag is used, as has been done in the accompanying chart, the high rates of late spring and early summer are seen to remain, but the most recent rise disappears. It is believed that deaths among overseas patients, including repatriated prisoners of war, forced up the Z/I death rate in the late spring and early summer, but that the recent rise is attributable chiefly to a decline in troop strength in the U. S. There is thus no reason to express concern over the current trend, but the preceding rise is apparently a real one.



STATISTICAL TABLES

Admission rates for selected diseases and for nonbattle injury in the United States and in overseas theaters are shown in the tables on the following pages. The rates include cases admitted to hospital or confined to quarters for a day or more, and have been derived from AGO Form 8-122 (formerly MD Form 86ab), both regular and telegraphic, submitted to The Surgeon General by each overseas theater or lesser command, and by posts, camps, and stations in the United States. Only the major overseas areas are shown separately, but the total overseas rates are based upon complete consolidations. The rates for each month average the experience of either four or five weeks depending upon the number of Fridays in the month. In each case they apply to all Army strength in the particular area: air, ground, and service. Rates computed from incomplete reports and those derived from the weekly telegraphic reports are distinguished from those based on final monthly reports. Admission rates for wounded in action, previously published on this page, are no longer shown. In their place appear separations of enlisted men for mental and physical disqualification under AR 615-361, covering disability, AR 615-368, covering undesirable habits and traits of character, and AR 615-369, covering inaptness, lack of required degree of adaptability, and enuresis. The series pertains to month of separation and is derived from reports of The Adjutant General through May 1945, and thereafter upon preliminary reports submitted to The Surgeon General weekly on AGO Form 8-122. The latter have been adjusted to calender months to conform with those reported by The Adjutant General.

The series shown for nonbattle injury is not entirely comparable throughout. In September 1944 a change in reporting provided that all readmissions for nonbattle injury be classified as disease admissions. The venereal disease rates derived from AGO Form 8-122 are generally higher than those based on the Monthly Venereal Disease Statistical Report. Venereal infections contracted prior to service have been excluded from the rates. Tentative neuropsychiatric admission rates are presented for 1944 and 1945. Not systematically reported on AGO Form 8-122 until late in 1943, these rates may not be as firm as those for communicable diseases. Malaria rates for the continental United States reflect only infections acquired in the United States; rates based on all admissions are much higher. They also measure diagnosed malaria only, but include both primary attacks and recurrences insofar as these are reported as malaria. A variable amount of malaria, differing from theater to theater, is at first reported as fever of undetermined origin. Many of these cases are later correctly diagnosed and enter into the rates. Since the system of reporting does not make it possible to subtract such cases from the undiagnosed category, some duplication between malaria and fever of undetermined origin continues to exist.

DISCHARGES OF ENLISTED MEN FOR DISABILITY

Year and Month	Number of Men Discharged			Discharges Per 1000 Enlisted Men Per Year		
	All Causes	Wounded a/	Neuro-psychiatric a/	All Causes	Wounded a/	Neuro-psychiatric a/
1942	62,013	30	26,091	20.8	0.0	8.8
1943	348,964	b/	138,609	56.2	b/	22.3
1944	205,091	b/	97,860	29.0	b/	13.8
1945 Jan	15,143	1,346	6,751	24.7	2.2	11.0
Feb	15,356	1,311	7,369	27.6	2.4	13.3
Mar	19,873	1,663	10,028	32.1	2.7	16.2
Apr	18,278	1,916	8,441	30.3	3.2	14.0
May	24,457	3,911	10,624	39.0	6.2	16.9
Jun c/	30,510	5,270	12,460	50.3	8.7	20.5
Jul c/	37,740	7,570	13,280	60.6	12.2	21.3
Aug c/	41,390	9,550	12,620	67.6	15.6	20.6
Sep c/	44,750	12,160	13,160	78.9	21.4	23.2
Oct c/	49,190	14,270	12,450	93.9	27.2	23.8
Nov c/	33,727	8,847	7,804	79.9 d/	21.0 d/	18.5 d/
Dec c/	25,265	6,243	4,851	72.6 d/	17.9 d/	13.9 d/
Total Through 31 December	971,747	b/	382,398			
Percent of Total	100.0	b/	39.4			

a/ Discharge Diagnosis
b/ Not Available
c/ Estimated from AGO Form 8-122 and Adjusted to Calendar Months.
d/ Based upon Preliminary Strengths.

STATISTICAL TABLES (Continued)

ADMISSIONS TO HOSPTIAL AND QUARTERS
Rates Per Thousand Men Per Year

Month and Year	United States	Overseas Commands								
		Total	Alaska	Caribbean	ETO a/	MTO	MIDPAC	WESPAC	Asiatic	AME
ALL DISEASE										
1942 Average	669	679	671	823	700	452	494	832	1,048	1,356
1943 Average	739	860	624	670	837	943	971	1,046	991	1,107
1944 Jan-Jun	619	695	566	528	578	812	600	902	967	949
Jul-Dec	495	623	351	536	440	880	513	804	1,152	842
Average	563	654	478	531	492	846	561	840	1,077	896
1945 Jan	603	656	363	529	605	878	420	799	728	658
Feb	626	649	363	587	577	790	526	905	652	554
Mar	592	612	384	546	530	714	412	973	647	631
Apr	543	587	411	523	469	657	414	1,058	710	573
May	541	633	658	515	531	600	436	1,144	712	582
Jun	515	651	435	629	532	704	475	1,128	788	532
Jan-Jun	569	631	426	562	538	726	448	1,006	707	587
Jul	471	650	381	572	528	654	539	1,038	875	577
Aug	478	621	346	531	501	645	466	891	796	620
Sep	442	539b/	288	465	456	649	465	674	587	539
Oct	443	(502)	268	467	482	768			385	
Nov	474	(511)	274	424		941				
Dec	510 b/									
NONBATTLE INJURY										
1942 Average	91	125	152	107	110	96	104	178	80	162
1943 Average	80	133	182	105	100	149	114	171	84	140
1944 Jan-Jun	69	114	145	75	85	145	118	151	95	107
Jul-Dec	66	112	100	61	105	131	102	132	97	92
Average	67	113	127	68	97	138	111	139	96	99
1945 Jan	55	141	110	60	174	103	92	104	105	69
Feb	50	105	94	67	114	88	84	103	99	73
Mar	49	102	109	61	104	89	71	128	105	69
Apr	48	108	100	62	113	98	92	115	104	64
May	49	108	84	57	112	97	105	119	91	59
Jun	53	91	92	59	87	85	98	113	83	62
Jan-Jun	51	108	97	61	115	93	90	114	98	66
Jul	48	80	89	54	71	72	95	104	80	53
Aug	44	73	90	50	56	62	83	107	68	71
Sep	36	62b/	78	40	50	55	72	86	55	35
Oct	31	(63)	77	43	54	62			42	
Nov	30	(59)	75	39		64				
Dec b/	29									

a/ Excluding Iceland.
b/ Based on Incomplete Reports.
( ) Telegraphic Reports.

STATISTICAL TABLES (Continued)

ADMISSIONS TO HOSPITAL AND QUARTERS
Rates Per Thousand Men Per Year

Month and Year	United States	Overseas Commands								
		Total	Alaska	Caribbean	ETO a/	MTO	MIDPAC	WESPAC	Asiatic	AME
ALL VENEREAL DISEASE										
1942 Average	29	32	7	74	38	36	12	32	64	86
1943 Average	26	34	3	56	43	56	5	15	52	68
1944 Jan-Jun	30	37	3	33	26	96	6	9	53	60
Jul-Dec	37	45	7	33	40	125	4	6	50	62
Average	33	42	5	33	35	111	5	7	51	60
1945 Jan	47	46	6	29	48	124	4	5	54	80
Feb	43	42	8	29	45	105	3	8	57	75
Mar	43	47	10	27	48	94	3	40	51	74
Apr	43	51	8	26	46	85	3	84	43	84
May	43	63	8	25	62	94	3	97	40	63
Jun	44	88	12	20	105	110	5	97	38	69
Jan-Jun	44	57	9	26	60	102	3	57	47	74
Jul	46	105	7	21	136	128	5	94	42	79
Aug	53	111	8	17	155	142	4	77	40	73
Sep	57	110b/	7	18	154	213	4	68	40	77
Oct	56		9	20	168	287	3		42	
Nov	60		10	38		456				
Dec	50b/									
DIAGNOSED MALARIA										
1942 Average	0.6	33	0	99	0	11	12	52	165	136
1943 Average	0.2	96	0	37	3	54	208	245	181	123
1944 Jan-Jun	0.1	43	-	16	10	61	67	75	113	66
Jul-Dec	0.2	34	-	12	8	63	13	41	216	52
Average	0.2	38	-	14	9	62	43	53	174	59
1945 Jan	0.1	14	0	7	5	19	8	27	74	11
Feb	0.2	14	-	7	5	16	6	43	49	9
Mar	0.1	18	-	7	8	21	4	62	28	10
Apr	0.2	23	-	9	11	28	5	75	29	11
May	0.1	23	0	11	11	31	6	72	23	9
Jun	0.1	20	0	12	9	26	4	65	28	14
Jan-Jun	0.1	19	0	9	8	23	5	58	37	11
Jul	0.1	16	1	12	6	24	4	46	33	14
Aug	0.1	12	-	8	3	15	2	29	31	13
Sep	0.1	11b/	-	9	1	8	3	25	29	12
Oct	0.1		-	9	1	3	1		21	
Nov	0.1		-	7		2				
Dec	0.0b/									

a/ Excluding Iceland.
b/ Based on incomplete reports.
Dash is used to denote no admissions, zero to denote a rate of less than 0.5.

STATISTICAL TABLES (Continued)

ADMISSIONS TO HOSPITAL AND QUARTERS
Rates Per Thousand Men Per Year

Month and Year	United States	Overseas Commands								
		Total	Alaska	Caribbean	ETO a/	MTO	MIDPAC	WESPAC	Asiatic	AME
COMMON RESPIRATORY AND INFLUENZA										
1942 Average	243	163	244	113	291	151	89	149	152	202
1943 Average	247	181	222	99	409	142	86	108	159	201
1944 Jan-Jun	198	174	245	84	225	185	97	90	177	254
Jul-Dec	85	100	105	77	92	138	70	78	176	182
Average	147	132	188	81	142	162	85	83	176	219
1945 Jan	167	146	106	67	166	190	70	95	135	180
Feb	192	144	135	71	157	182	60	128	135	149
Mar	167	122	115	65	125	152	54	125	131	164
Apr	122	99	143	70	93	106	56	131	130	127
May	124	97	417	75	87	79	55	139	136	92
Jun	101	89	182	193	63	70	90	145	163	88
Jan-Jun	145	115	177	95	112	132	65	128	139	132
Jul	77	93	90	150	56	61	99	180	182	108
Aug	79	96	85	105	66	69	91	151	157	115
Sep	72	86b/	68	117	63	66	60	123	123	116
Oct	79		47	140	72	74	51		84	
Nov	101		53	131		61				
Dec	160 b/									
DIARRHEA AND DYSENTERY										
1942 Average	8	30	5	19	17	33	34	59	123	196
1943 Average	12	66	8	16	12	132	43	70	146	170
1944 Jan-Jun	9	35	3	13	11	41	28	58	182	101
Jul-Dec	10	40	3	12	14	67	28	54	180	129
Average	9	38	3	13	13	54	28	55	181	115
1945 Jan	8	30	1	11	17	20	17	76	69	56
Feb	8	36	2	14	20	21	27	99	68	31
Mar	6	34	2	21	13	19	14	119	83	45
Apr	6	33	3	13	15	18	18	90	116	81
May	6	34	2	14	16	22	21	88	110	135
Jun	7	44	0	16	14	31	30	138	128	90
Jan-Jun	7	35	2	15	16	22	22	104	98	73
Jul	6	45	1	15	20	30	24	106	151	120
Aug	8	38	1	11	17	25	12	75	122	106
Sep	7	27b/	1	10	9	15	13	51	79	87
Oct	4		0	7	5	11	11		46	
Nov	4		-	10		10				
Dec	4 b/									

a/ Excluding Iceland.
b/ Based on Incomplete Reports.

STATISTICAL TABLES (Continued)

ADMISSIONS TO HOSPITAL AND QUARTERS
Rates Per Thousand Men Per Year

Month and Year	United States	Overseas Commands								
		Total	Alaska	Carib-bean	ETO a/	MTO	MIDPAC	WESPAC	Asiatic	AME
FEVER OF UNDETERMINED ORIGIN										
1943 Average	c/	52	0	64	1	75	19	166	71	21
1944 Jan-Jun	c/	35	1	37	1	57	26	102	69	16
Jul-Dec	c/	40	0	31	3	85	13	80	174	37
Average	c/	38	1	34	2	71	20	88	131	27
1945 Jan	c/	24	0	20	4	39	5	70	87	12
Feb	c/	26	-	10	4	43	9	95	60	24
Mar	c/	29	0	10	6	41	3	117	56	31
Apr	c/	29	-	9	8	43	8	104	59	33
May	c/	31	0	10	9	38	10	113	70	35
Jun	c/	29	0	10	6	50	8	98	89	29
Jan-Jun	c/	28	0	12	6	42	7	100	70	28
Jul	c/	30	1	7	5	57	10	86	102	50
Aug	c/	22	0	6	5	58	5	38	91	59
Sep	c/	12b/	-	8	3	41	3		76	49
Oct	c/		-	10	2	28	4		52	
Nov	c/		-	16		25				
Dec	c/									
NEUROLOGICAL AND PSYCHIATRIC DISORDERS										
1944 Jan-Jun	29	29	11	21	24	37	26	48	23	27
Jul	32	59	10	16	84	52	27	58	16	31
Aug	36	50	12	18	76	28	25	48	17	21
Sep	46	41	13	25	40	50	32	53	16	19
Oct	48	56	13	23	65	82	32	39	21	21
Nov	47	60	13	27	85	47	28	41	23	16
Dec	47	56	12	22	72	39	29	53	20	26
Jul-Dec	45	53	12	22	69	50	29	49	19	22
Average	36	43	12	21	52	43	27	48	20	25
1945 Jan	50	43	14	25	51	32	35	43	19	20
Feb	49	39	9	27	36	31	25	70	20	15
Mar	50	40	13	29	39	31	25	74	22	20
Apr	45	36	13	24	31	41	34	60	24	11
May	49	24	9	20	15	13	19	67	22	8
June	43	20	14	20	13	13	20	49	26	13
Jan-Jun	48	33	12	24	30	27	26	60	22	15
Jul	39	18	11	23	10	12	25	38	25	10
Aug	37	17	16	18	8	14	21	35	22	12
Sep	26	14b/	10	15	7	12	30		18	7
Oct	23		8	11	6	12	19		17	
Nov	23		8	10		10				
Dec	c/									

a/ Excluding Iceland. b/ Based on incomplete reports. c/ Not available.
Dash is used to denote no admissions, zero to denote a rate of less than 0.5.

Hurley F.

Distribution

1 Executive Officer
23-24 Plans & Operations
13 Training Division
5 Supply Service
10-11 Med. Statistics Div.
Nursing Div.
Enlisted Branch
6 Mil. Pers. Div.
21 Veterinary Div.
12 Dental Division
15-19 Prov. Med. Service
2-3 Control Division
4 Fiscal Division
7-8 Hospital Division
14 Professional Service
22 Office of Tech. Inf.
9 Res Anal
20 Statistical
25 Editorial
26 Medicine
27 Surgery
28 Neuro
29 Record